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ABSTRACT

This document contains statistics on mental illness and organized mental health service delivery systems. Data sources cited include the National Institute of Mental Health, state mental health agencies, universities in the Epidemiological Catchment Area program, the National Center for Health Statistics, and the National Association of State Mental Health Program Directors. Included are the latest data on prevalence of mental disorders; trends in availability, volume, staffing, and expenditures of organized specialty mental health services in the United States, including the characteristics of patients who use these services; the features of organized specialty mental health services in each state; national mental health expenditures; revenues and expenditures of each state mental health agency; and trends in suicide. The document highlights trends in prevalence of mental disorders, mental health service delivery, expenditures, revenues, and suicide. Most of the document consists of statistics on the various topics. Appendices include sources and qualifications of data contained in specific chapters, a glossary of terms, and a list of contacts for further information. Ninety-one data tables and 17 figures are included. (ABL)

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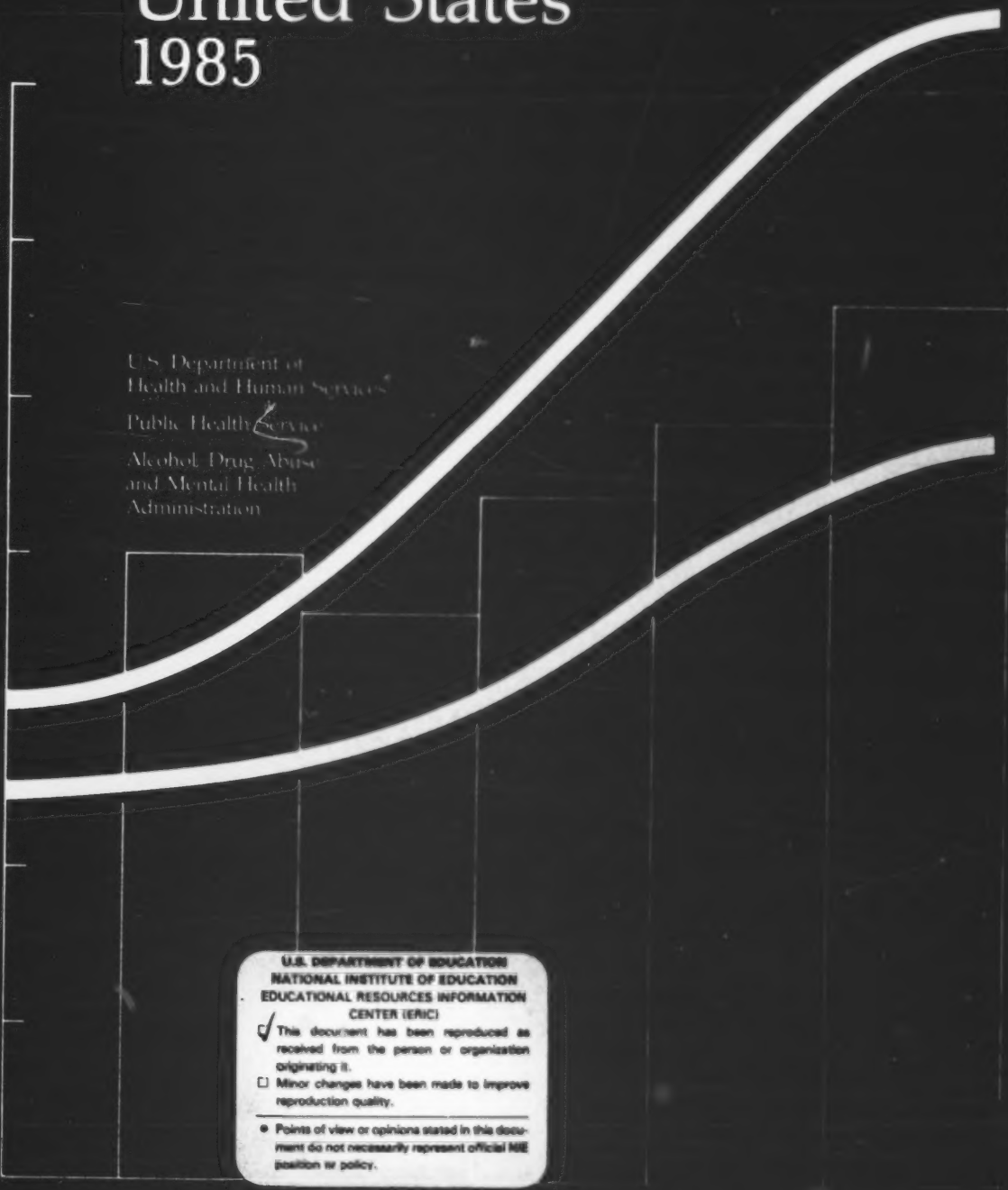

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Mental Health, United States 1985

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Symbols in Table

Category not applicable	—
Quantity or percent zero	—
Percent greater than 0, but less than 0.05	0.0
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Foreword

This second edition of *Mental Health, United States*, represents a continuing effort on the part of the National Institute of Mental Health (NIMH) to present timely statistical information on mental illness and the Nation's organized mental health service delivery system. Data derive principally from national surveys conducted by NIMH, in collaboration with the State mental health agencies; multisite surveys conducted by NIMH, in collaboration with the universities participating in the Epidemiological Catchment Area (ECA) program; ongoing data systems of the National Center for Health Statistics (NCHS); and special surveys conducted by the National Association of State Mental Health Program Directors (NASMHPD).

Included are the latest data on prevalence of mental disorders; trends in the availability, volume, staffing, and expenditures of organized specialty mental health services in the United States, including the characteristics of patients who use these services; the features of organized specialty mental health services in each State; national mental health expenditures; revenues and expenditures of each State mental health agency; and trends in suicide.

With the rapid evolution of mental health policy at the national, State, and local levels, accessibility to current statistical information is essential. This volume is intended to serve as a reference for the latest statistics on mental disorders and the mental health service delivery system designed to treat these illnesses. We hope this edition will be useful to a broad range of professionals for research, clinical, and administrative applications.

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Highlights

Prevalence of Mental Disorders

- For all mental disorders covered by the Diagnostic Interview Schedule (DIS), the summary, 6-month prevalence rates ranged from 16.8 percent (St. Louis), to 18.4 percent (New Haven), to 23.4 percent (Baltimore).
- In any 6-month period, approximately 29.4 million adult Americans (18.7 percent of the population) suffer from one or more mental disorders covered by the DIS.
- For males, the most frequent DIS disorders are alcohol abuse/dependence, phobia, drug abuse/dependence, and dysthymia.
- For females, the most frequent DIS disorders are phobia, major depressive episode without grief, dysthymia, and obsessive-compulsive disorders.
- Fewer than one-fifth of the individuals identified with any mental disorder in a 6-month period used any mental health service from either mental health specialists or general medical physicians.

Trends in the Specialty Mental Health Service Delivery System

- Organizations providing mental health services rose from 3,005 to 4,302 between 1970 and 1982—an increase of 43 percent.
- There were 53 percent fewer psychiatric beds available in 1982 than in 1970.
- State and county mental hospitals accounted for about 57 percent of all psychiatric beds in 1982, compared with 79 percent in 1970.
- Specialty mental health inpatient additions increased gradually between 1969 and 1975, decreased slightly between 1975 and 1979, and decreased abruptly between 1979 and 1981.
- The upward trend between 1969-79 in outpatient additions to all settings (excluding private practice) reversed and decreased slightly between 1979 and 1981.
- After tripling between 1969 and 1979, day treatment additions decreased slightly in 1981.
- Inpatient additions comprised 35 percent of all additions in 1981, compared with 49 percent in 1969.
- Persons aged 25 to 44 accounted for the largest percentage of admissions to all inpatient psychiatric services in 1980.
- Most admissions to inpatient psychiatric services were voluntary, except for those to State and county mental hospitals, where the largest percentage were involuntary-noncriminal commitments.
- Commercial insurance was the most frequently reported principal payment source for inpatient psychiatric admissions under age 65 to private psychiatric hospitals and nonpublic non-Federal general hospitals. Commercial insurance and Medicaid were the expected principal payment sources for about equal percentages of admissions under age 65 to public and multiservice non-Federal general hospitals.
- For each type of inpatient psychiatric service, more than 70 percent of admissions were readmissions to inpatient psychiatric care.
- Schizophrenia was the most frequent primary diagnosis for admissions to State and county mental hospitals and public and multiservice non-Federal general hospitals; affective disorders, for admissions to private psychiatric hospitals and nonpublic non-Federal general hospitals; and alcohol-related disorders, for admissions to VA medical centers.
- Median days of stay for admissions to State and county mental hospitals, VA medical centers, and private psychiatric hospitals were similar and considerably longer than median stays for admissions to nonpublic, public, and multiservice non-Federal general hospitals.
- Between 1970 and 1980, median days of stay for admissions (excluding deaths) to State and county mental hospitals decreased from 41 to 23 days but remained relatively stable in both private psychiatric hospitals and non-Federal general hospitals.

- The distribution of admissions by psychiatric diagnosis remained relatively stable between 1970 and 1980.

- In 1982, more than 390,000 full-time equivalent (FTE) staff were employed in U.S. mental health organizations.

- Numbers of FTE psychologists, social workers, and registered nurses employed in mental health organizations increased consistently between 1976 and 1982. However, the numbers of FTE psychiatrists and other physicians decreased between 1976 and 1978, before increasing in 1982 to levels higher than in 1976.

- In contrast to a decrease in State and county mental hospitals, the total FTE staff in private psychiatric hospitals nearly doubled between 1972 and 1982.

- Of the 303,268 patient care staff positions in all mental health organizations in 1982, 80 percent were full-time; 15 percent, part-time; and 5 percent, trainees, residents, or interns.

Expenditures

- During 1980, total expenditures for mental health care in the United States were estimated to be between $19.4 billion and $24.1 billion.

- These expenditures represent approximately 7.7 percent of total expenditures for general health care and approximately 0.7 percent of the Nation's Gross National Product (GNP).

- Of these expenditures, approximately 53.6 percent were incurred in the specialty mental health sector, 30.6 percent in the general health sector, and 15.8 percent in the human services and nonhealth sector.

- Nursing home costs were between 7.5 and 9.0 percent of total direct mental health care costs.

- Both the general health and the mental health care sectors expended a comparable proportion of resources on hospital-related care, and relatively fewer resources on drugs and sundries and nonhospital-related physician services.

- After factoring out inflation, the growth in direct costs of mental health care was about 1.7 percent yearly between 1977 and 1980, compared with an estimated growth in general health costs of 3.6 percent.

Revenues and Expenditures

- State mental health agencies directly controlled and administered more than $6.2 billion in 1981.

- Approximately $4.9 billion of the total revenues of State mental health agencies were derived from State government sources; approximately $0.8 billion from Federal sources.

- On the average, State mental health agencies spent 66.5 percent of their budgets in State mental hospitals and 29.7 percent in community-based programs, but there was great variability across States.

- Per capita expenditures across States ranged from a high of $66.74 to a low of $7.90, with a national average of $24.30.

Suicide

- A total of 587,821 persons in the United States ended their own lives by self-inflicted injuries between 1958 and 1982. Although overall suicide rates increased between 1958 and 1978, they leveled off between 1978 and 1982.

- Between 1958 and 1982, white males showed the highest suicide rates, followed in order by black males, white females, and black females.

- In 1982, the highest rate of suicide for white males occurred at advanced ages, while the highest rate for white females was in the age group 45 to 54. For black females, the highest rates occurred in the age groups 25 to 34 and 35 to 44, while the suicide death rate for black males peaked between ages 25 and 34.

- Suicides by persons under age 35 increased markedly between 1958 and 1982 from 19 to 41 percent. Suicide was the third leading cause of death for this age group in 1982.

- In the age groups 15 to 34, the white male suicide rates increased threefold between 1958 and 1982, with similar increase for black males; the white female rates increased until 1970-71 and then leveled off. Black females in this age group showed a similar increase, but rates decreased after 1970-71.

- Firearms continued to be the most prevalent means of injury for males. In 1960 and 1970, the most prevalent means for females was poisoning by solid or liquid substances. By 1982, however, use of firearms was the most prevalent means for females.

Contents

Page

Foreword iii

Contributors iv

Highlights v

Chapter 1. Prevalence of Selected Mental Disorders 1

Chapter 2. Specialty Mental Health Services: System and Patient Characteristics: United States 7

Introduction 7
Description of Tables 7
Availability 8
Number of organizations 8
Number of Services and Beds Within Organizations 8
Volume 9
Aggregate Volume Measures 9
Use of Specialty Psychiatric Inpatient Services 9
Use of Outpatient and Day Treatment Services 11
Distribution of Additions and Addition Rates by Type of Service 11
Detailed Patient Characteristics 11
Patient Demographic Characteristics 1980 14
Patient Socioeconomic Characteristics 1980 14
Patient Service Characteristics 1980 17
Prior Inpatient Care 17
Primary Diagnosis 18
Length of Stay 18
Types of Treatment Received 20
Trends in Patient Demographic and Service Characteristics (1970-1980) 20
Staffing 22
Cost 24
Reference 24

Chapter 3. State Mental Health Service Delivery Systems—Selected Characteristics 70

Chapter 4. Direct Costs and Expenditures for Mental Health in the United States, 1980 95

Introduction 95
Distinction Between Costs and Expenditures 95
Approach to Identification of Costs 95
Locus of Care 95
Data Sources 96

Page

Estimates of Direct Costs and Expenditures 96
Growth in Costs of Mental Illness Over Time 98
Summary 99
References 99

Chapter 5. Revenues and Expenditures of State Mental Health Agencies, 1981 102

Introduction 102
Revenue/Expenditure Study Background 102
Revenue/Expenditure Study Variables 103
Revenue/Expenditure Study Findings 103
Implications of the Revenue Expenditure Study 104

Chapter 6. Suicide in the United States: 1958-1982 135

Introduction 135
Deaths From Suicide: 1958-1982 135
Suicide Differentials by Race and Sex 137
Age Patterns by Race and Sex 137
Means of Injury 139
Summary 145

Appendix A. Sources and Qualifications of Data—Chapters 2 and 3 156
Appendix B. Sources and Qualifications of Data—Chapter 6 163
Appendix C. Glossary of Terms 165
Appendix D. Contacts for Further Information 169

List of Figures and Detailed Tables

Chapter 1

Tables

1.1. NIMH Epidemiologic catchment area (ECA) program: First three-site/wave 1 sample characteristics 3
1.2. Six-month prevalence rates of DIS/DSM-III disorders: Three ECA sites 3
1.3. Six-month prevalence of DIS/DSM-III disorders for estimated number and percent of U.S. civilian population, based on 1980 U.S. census and three ECA sites 4
1.4. Four most frequent DIS/DSM-III psychiatric disorders, by rank, sex, and age, based on 6-month prevalence rates 5
1.5. Percentage of ambulatory health and/or mental health visits in past 6 months for persons with specific recent DIS/DSM-III disorders: Three ECA sites 6

Chapter 2

Figures *Page*

2.1. Inpatient care episodes per 100,000 civilian population, by type of organization: United States, 1969, 1975, and 1981 10

2.2. Percent distribution of additions to mental health organizations (excluding VA medical centers), by type of service: United States: 1969, 1975, and 1981 12

2.3. Additions per 100,000 civilian population, by type of service (excluding VA medical centers): United States, 1969, 1975, and 1981 13

2.4. Admission rates per 100,000 civilian population, by age and type of inpatient psychiatric service: United States, 1980 15

2.5. Percent distribution of admissions, by sex, race, and type of inpatient psychiatric service: United States, 1980 16

2.6. Percent distribution of admissions, by selected primary diagnosis and type of inpatient psychiatric service: United States, 1980 19

2.7. Median days of stay for admissions to selected inpatient psychiatric services: United States, selected years 1970-1980 23

2.8. Estimated annual expenditures (constant dollars), selected mental health organizations (excluding VA medical centers): United States, 1969, 1975, and 1981 25

Tables

2.1. Number and percent distribution of mental health organizations, by type of organization: United States, selected years 1970-82 26

2.1a. Number and percent distribution of mental health organizations providing inpatient services, by type of organization: United States, selected years 1970-82 27

2.1b. Number and percent distribution of mental health organizations providing outpatient services, by type of organization: United States, selected years 1970-82 28

2.1c. Number and percent distribution of mental health organizations providing day treatment services, by type of organization: United States, selected years 1970-82 29

2.2. Number of inpatient beds, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1970-82 30

2.3. Number of inpatient additions, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969-81 31

2.4. Number of inpatient episodes, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969-81 32

2.5. Number of inpatient days in thousands, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969-81 33

Tables *Page*

2.6. Average daily inpatient census and percent occupancy, by type of mental health organization: United States, selected years 1969-81 34
2.7. Number of inpatients at the end of the year, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969-81 35
2.8. Number of outpatient additions, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969-81 36
2.9. Number of day treatment additions, percent distribution, and rate per 100,000 civilian population, by type of mental health organization: United States, selected years 1969-81 37
2.10a. Number, percent distribution, and rate per 100,000 civilian population of admissions to State and county mental hospital inpatient services, by race, sex, and age: United States, 1980 38
2.10b. Number, percent distribution, and rate per 100,000 civilian population of admissions to private psychiatric hospital inpatient services, by race, sex, and age: United States, 1980 39
2.10c. Number, percent distribution, and rate per 100,000 civilian population of admissions to Veterans Administration medical center psychiatric inpatient services, by race, sex, and age: United States, 1980 40
2.10d. Number, percent distribution, and rate per 100,000 civilian population of discharges from non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980 41
2.10e. Number, percent distribution, and rate per 100,000 civilian population of discharges from public non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980 .. 42
2.10f. Number, percent distribution, and rate per 100,000 civilian population of discharges from nonpublic non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980 .. 43
2.10g. Number, percent distribution, and rate per 100,000 civilian population of discharges from multiservice non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980 .. 44
2.11. Percent distribution of admissions (14 years of age and older), by marital status, sex, and type of inpatient psychiatric service: United States, 1980 45
2.12. Percent distribution of admissions, by legal status and type of inpatient psychiatric service: United States, 1980 45
2.13. Percent distribution of admissions, by veteran status and type of inpatient psychiatric service: United States, 1980 46
2.14. Percent distribution of admissions, by expected principal source of payment, age, and type of inpatient psychiatric service: United States, 1980 46
2.15. Percent distribution of admissions, by prior inpatient mental health care and type of inpatient psychiatric service: United States, 1980 47
2.16. Percent distribution of admissions, by primary diagnoses and type of inpatient psychiatric service: United States, 1980 47
2.17. Median days of stay in inpatient service for admissions (excluding deaths), by selected primary diagnoses and type of inpatient psychiatric service: United States, 1980 48

Tables *Page*

2.18. Median days of stay in inpatient service for admissions (excluding deaths), by age and type of inpatient psychiatric service: United States, 1980 48
2.19. Median days of stay in inpatient service for admissions (excluding deaths), by selected principal source of payment and type of inpatient psychiatric service: United States, 1980 49
2.20. Percent distribution of admissions, by type of treatment and type of inpatient psychiatric service: United States, 1980 49
2.21. Number, percent distribution, and rate per 100,000 civilian population of admissions to selected inpatient psychiatric services, by sex, and age: United States, selected years 1970-80 50
2.22. Number, percent distribution, and rate per 100,000 civilian population of admissions to selected inpatient psychiatric services, by race and sex: United States, selected years 1970-80..... 52
2.23. Number and percent of total admissions to selected inpatient psychiatric services, by selected primary diagnoses: United States, selected years 1970-80 53
2.24. Median days of stay for admissions (excluding deaths) to selected inpatient psychiatric services, by age and selected primary diagnoses: United States, 1970-80 53
2.25. Number and percent distribution of full-time equivalent staff positions in mental health organizations (excluding Veterans Administration medical centers), by discipline: United States, selected years 1976-82 .. 54
2.25a. Number and percent distribution of full-time equivalent staff positions in State and county mental hospitals, by discipline: United States, selected years 1972-82 55
2.25b. Number and percent distribution of full-time equivalent staff positions in private psychiatric hospitals, by discipline: United States, selected years 1972-82 56
2.25c. Number and percent distribution of full-time equivalent staff positions in residential treatment centers for emotionally disturbed children, by discipline: United States, selected years 1972-82 57
2.25d. Number and percent distribution of full-time equivalent staff positions in freestanding outpatient psychiatric clinics, by discipline: United States, selected years 1972-82 58
2.25e. Number and percent distribution of full-time equivalent staff positions in freestanding day/night and multiservice organizations, by discipline: United States, selected years 1974-82 59
2.25f. Number and percent distribution of full-time equivalent staff positions in non-Federal general hospitals, by discipline: United States, selected years 1972-80 60
2.26. Number and percent distribution of patient care staff positions in mental health organizations, excluding Veterans Administration medical centers, by discipline and employment status: United States, August 1982 61
2.26a. Number and percent distribution of staff positions in State and county mental hospitals, by discipline and employment status: United States, August 1982 62

Tables *Page*

2.26b. Number and percent distribution of staff positions in private psychiatric hospitals, by discipline and employment status: United States, August 1982 63
2.26c. Number and percent distribution of staff positions in residential treatment centers for emotionally disturbed children, by discipline and employment status: United States, August 1982 64
2.26d. Number and percent distribution of staff positions in freestanding outpatient psyciatric clinics, by discipline and employment status: United States, August 1982 65
2.26e. Number and percent distribution of staff positions in freestanding day/night and multiservice organizations, by discipline and employment status: United States, August 1982 66
2.26f. Number and percent distribution of patient care staff positions in non-Federal general hospitals with psychiatric services, by discipline and employment status: United States, November 1980 67
2.27a. Total expenditures in current dollars, percent distribution, and expenditures per capita civilian population, by type of mental health organization: United States, selected years 1969-81 68
2.27b. Total expenditures in constant dollars (1969), percent distribution, and expenditures per capita civilian population, by type of mental health organization: United States, selected years 1969-81 69

Chapter 3

Tables

3.1. Number of mental health organizations, by type of organization and State: United States, January 1982 72
3.1a. Number of mental health organizations providing inpatient services, by type of organization and State: United States, January 1982 73
3.1b. Number of mental health organizations providing outpatient services, by type of organization and State: United States, January 1982 74
3.1c. Number of mental health organizations providing day treatment services, by type of organization and State: United States, 1982 75
3.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981 77
3.3. Number of inpatient beds and rate per 100,000 civilian population, by type of mental health organization and State: United States, January 1982 81
3.4. Number of inpatient additions and rate per 100,000 civilian population, by type of mental health organization and State: United States, 1981 83
3.5. Number of inpatient episodes and rate per 100,000 civilian population, by type of mental health organization and State: United States, 1981 85
3.6. Number of inpatient days in thousands and rate per 1,000 civilian population, by type of mental health organization and State: United States, 1981 87
3.7. Average daily inpatient census and percent occupancy, by type of mental health organization and State: United States, January 1981 89

Tables *Page*

3.8. Number of inpatients at end of year and rate per 100,000 civilian population, by type of mental health organization and State: United States, 1981 . 91
3.9. Number of outpatient additions and rate per 100,000 civilian population, by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981 93

Chapter 4

Figures

4.1. Estimates of direct costs of mental health care: Health and specialty mental health sectors, United States—1980 97

Tables

4.1. Total high and low estimates (in millions) of expenditures for mental health care: United States, 1980 100
4.2. Total estimates of direct costs (in millions) for mental health care, by sector and organization: United States, 1980 101

Chapter 5

Tables

5.1. State mental health agency expenditures, by major programs and State population rank, 1981 105
5.2. State mental health agency per capita expenditures, by major programs and State population rank, 1981 107
5.3. State mental health agency expenditures for State mental hospitals and community-based programs, by type of service setting and State, 1981 .. 109
5.4. State mental health agency per capita expenditures for State mental hospitals and community-based programs, by type of service setting and State, 1981 111
5.5. State mental health agency revenues, by revenue source and State, 1981 113
5.6. State mental health agency revenues from State government, by source and State, 1981 115
5.7. State mental health agency revenues from Federal Government, by source and State, 1981 117
5.8. State mental health agency revenues dedicated to State mental hospitals, by source and State, 1981 119
5.9. State mental health agency revenues from State government dedicated to State mental hospitals, by source and State, 1981 121
5.10. State mental health agency revenues from Federal Government dedicated to State mental hospitals, by source and State, 1981 123
5.11. State mental health agency revenues dedicated to community-based programs, by source and State, 1981 125
5.12. State mental health agency revenues from State government dedicated to community-based mental health programs, by source and State, 1981 127

Tables *Page*

5.13. State mental health agency revenues from Federal Government dedicated to community-based mental health programs, by source and State, 1981 129
5.14. State mental health agency revenues dedicated to research, training, and administration, by source and State, 1981 131
5.15. State mental health agency revenues as a percentage of total State government revenues, by State, 1981 133
5.16. State mental health agency per capita revenues as a percentage of total State per capita revenues, by State, 1981 134

Chapter 6

Figures

6.1. Death rates for suicide (total and age-adjusted): United States, 1900-82 136
6.2. Age-adjusted suicide rates, by race and sex: United States, 1958-82 138
6.3. Suicide death rates, by age, race, and sex: United States, 1982 140
6.4. Suicide death rates for white persons, by age and sex: United States, 960-61, 1970-71, 1981-82 141
6.5. Suicide death rates for black persons, by age and sex: United States, 1960-61, 1970-71, 1981-82 142
6.6. Suicide death rates for persons aged 15-19, by race and sex: United States, 1958-82 143
6.7. Suicide death rates for persons aged 20-24, by race and sex: United States, 1958-82 144

Tables

6.1. Death rates for suicide (total and age-adjusted): United States, 1900-82 146
6.2. Deaths from suicide, by race and sex: United States, 1958-82 147
6.3. Deaths from suicide, by age: United States, 1958-82 148
6.4. Age-adjusted death rates for suicide, by race and sex: United States, 1958-82 149
6.5. Death rates for suicide, by age, race, and sex: United States, 1958-82 . 150
6.6. Deaths from suicide and percent distribution, by means of injury and sex: United States, 1960, 1970, and 1982 155

Appendix A

Figures

A.1. Relative standard errors for estimated subtotals, 1980 160
A.2. Relative standard errors for estimated percentages, 1980 161

Table

I. Parameters for calculating approximate standard errors of estimated subtotals and percentages for the patient sample surveys 159

Chapter 1

Prevalence of Selected Mental Disorders

Ben Z. Locke, M.S.P.H.
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This chapter presents new estimates of the prevalence of specific mental disorders in the adult U.S. population. These estimates are based on the National Institute of Mental Health (NIMH) collaborative Epidemiology Catchment Area Program (ECA),[1] a five-site community and institutional sample of the adult population. Data from the first three sites (Yale; Johns Hopkins; Washington University, St. Louis) are presented in some detail, and limited estimates, extrapolating these site-specific estimates to the U.S. population, are made for selected statistics.

The NIMH ECA program is a multisite epidemiological and health services research study that assesses mental disorder prevalence, incidence, and service use rates in about 20,000 community and institutional residents (Regier et al. 1984). Geographically defined community populations of at least 200,000 residents were sampled to obtain completed interviews from approximately 3,000 adult community residents and 500 institutional residents of nursing homes, mental hospitals, and prisons. Five participating universities include: Yale; Johns Hopkins; Washington University, St. Louis; Duke; and the University of California at Los Angeles. Several of these sites had oversampled special populations, including the elderly and minority groups.

Each subject was interviewed with the NIMH Diagnostic Interview Schedule (DIS) developed by Robins and colleagues, which allows lay interviewers to assess the presence, duration, and severity of symptoms necessary for DSM-III diagnostic criteria (Robins et al. '981). The interviews were subsequently scored by computer according to diagnostic algorithms specified by DSM-III and other diagnostic systems.

In addition to obtaining information on diagnostic status according to several different time frames, the ECA questionnaire also identifies the type and volume of services used by subjects. The project incorporates a longitudinal design, with at least two face-to-face interviews (1 year apart) and one intervening telephone or face-to-face interview to assess service use, as well as change in symptom or diagnostic status.

The ECA study is still in progress with data now published from the first wave of community surveys in New Haven, Baltimore, and St. Louis. For a more complete overview of the ECA program—its development, objectives, population characteristics, and historical context—and an indepth depiction of the methodologic issues, life-time prevalence, 6-month prevalence, and utilization data, the reader is referred to the October 1984 issue of *Archives of General Psychiatry*.

An overview of community sample characteristics for the three sites is given in table 1.1. Aside from the elderly oversample, the probability samples yielded over 3,000 respondents per site from adult populations ranging from 175,000 to 300,000. Overall response rates at the three sites ranged from 77 to 79 percent.

Although data presented here concentrate on 6-month prevalence rates, the data collection covered a variety of time periods including lifetime and 6-month rates. Summary prevalence rates for any DIS/DSM-III disorder covered over these two varying time periods are presented

[1] The Epidemiologic Catchment Area Program is a series of five epidemiologic research studies performed by independent research teams in collaboration with staff of the Division of Biometry and Epidemiology (DBE) of the National Institute of Mental Health (NIMH). The NIMH principal collaborators are: Darrel A. Regier, Ben Z. Locke, and Jack D. Burke; the NIMH Project Officer is Carl A. Taube.

The principal investigators and co-investigators from the five sites are: Yale University, U01 MH34224—Jerome K. Myers, Myrna M. Weissman, and Gary L. Tischler; Johns Hopkins University, U01 MH33870—Morton Kramer, Ernest Gruenberg, and Sam Shapiro; Washington University, St. Louis, UO1 MH33883—Lee N. Robins and John Helzer; Duke University, U01 MH35386—Dan Blazer and Linda George; University of California, Los Angeles, U01 MH35865—Marvin Karno, Richard Hough, Javier Escobar, M. Audrey Burnam, and Dianne M. Timbers.

below to highlight the increase in rates as one progresses from the 6-month to the lifetime-experience.

Table 1.2 shows 6-month prevalence rates per 100 community population of specific DIS-defined DSM-III disorders (Myers et al. 1984). Substantial similarity in rates across sites exists except for the phobic disorders. Until data analyses determine whether the difference in phobia rates by sites is real or due to methodologic factors, the total DIS/DSM-III rates are presented with and without them.

Comparison of total prevalence rates of DIS/DSM-III psychiatric disorders by time period

	Time period and rate	
Site	6-month	Lifetime
New Haven, CT.	18.4%	28.8%
Baltimore, MD.	23.4%	38.0%
St. Louis, MO.	16.8%	31.0%

For any DIS/DSM-III mental disorder covered, the summary rates ranged from 16.8 percent (St. Louis), 18.4 percent (New Haven), to 23.4 percent (Baltimore). Estimates regarding the number of Americans afflicted with a specific mental disorder are presented in table 1.3. These estimates are generated by applying the weighted average rates across all three sites (specific by age, sex, and race) to the U.S. population. Since the three ECA sites were not chosen to be a representative sample of the Nation, the reader is advised that these are the best estimates based on available data, which may vary when larger population groups are sampled in the future.

The 6-month prevalence rates for the three sites were combined in order to determine the four most frequent DIS/DSM-III disorders by sex and age. Results based on such ranking are shown in table 1.4.

Additional data from this study show that less than one-fifth of the individuals identified with any mental disorder in this 6-month time frame used any mental health service from either mental health specialists or general medical physicians. The percent using mental health services by diagnosis is contained in table 1.5.

It should be noted that during 1985, the remaining two sites of the ECA program will be reporting results. Data from Duke will provide prevalence rates for rural as well as urban areas. The UCLA site will provide data on a Hispanic population, mostly Mexican-Americans.

References

Myers, J.K.; Weissman, M.M.; Tischler, G.L.; et al. Six-month prevalence of psychiatric disorders in three communities: 1980-1982. *Archives of General Psychiatry* 41:959-967, 1984.

Regier, D.A.; Myers, J.K.; Kramer, M.; et al. The NIMH epidemiologic catchment area (ECA) program: Historical context, major objectives, and study population characteristics. *Archives of General Psychiatry* 41:934-941, 1984.

Robins, L.N.; Helzer, J.E.; Croughan, J.; Ratcliff, K.S. National Institute of Mental Health Diagnostic Interview Schedule. *Archives of General Psychiatry* 38:381-389, 1981.

Table 1.1. NIMH Epidemiologic Catchment Area (ECA) program: First three-site/wave 1 sample characteristics

Sample characteristics	Yale University New Haven, CT	Johns Hopkins University Baltimore, MD	Washington University St. Louis, MO
Survey date, wave 1	1980-81	1981	1981-82
Total population size (all ages)	420,000	268,000	380,000
Adult (age 18+ years) population size (1980 census)	300,000	175,000	277,000
Sample characteristics	Noninstitutionalized and institutionalized, urban adult	Noninstitutionalized and institutionalized, urban adults	Noninstitutionalized and institutionalized, urban adults
Sample age range, year	18+	18+	18+
Completed interviews, household, wave 1	5,035	3,481	3,004
General population	3,058	3,020	3,004
Elderly population oversample	1,977	461	–
Completion rate, percent	76.6	78.0	79.1

Table 1.2. Six-month prevalence rates of DIS/DSM-III disorders: Three ECA sites [1]

Disorder	New Haven, CT % 1980-81 (N=3,058)	Baltimore, MD % 1981-82 (N=3,481)	St. Louis, MO % 1981-82 (N=3,004)
Any DIS disorder covered	18.4 (0.8)	23.4 (1.0)	16.8 (1.0)
Any DIS disorder except phobia	15.2 (0.8)	14.0 (0.7)	13.8 (0.9)
Any DIS disorder except substance use disorders	13.6 (0.7)	19.0 (0.9)	12.6 (0.9)
Substance use disorders	6.1 (0.4)	7.2 (0.6)	5.8 (0.5)
Alcohol abuse/dependence	4.8 (0.4)	5.7 (0.6)	4.5 (0.5)
Drug abuse/dependence	1.8 (0.3)	2.2 (0.3)	2.0 (0.3)
Schizophrenic/schizophreniform disorders	1.1 (0.2)	1.2 (0.2)	0.6 (0.2)
Schizophrenia	1.1 (0.2)	1.0 (0.2)	0.6 (0.2)
Schizophreniform disorder	0.1 (0.1)	0.2 (0.1)	0.1 (0.0)
Affective disorders	6.5 (0.6)	4.6 (0.4)	6.2 (0.6)
Manic episode	0.8 (0.2)	0.4 (0.1)	0.7 (0.2)
Major depression	3.5 (0.4)	2.2 (0.3)	3.2 (0.5)
Dysthymia	3.2 (0.4)	2.1 (0.2)	3.8 (0.4)
Anxiety/somatoform disorders	7.2 (0.4)	14.9 (0.8)	6.6 (0.6)
Phobia	5.9 (0.4)	13.4 (0.8)	5.4 (0.5)
Panic	0.6 (0.1)	1.0 (0.2)	0.9 (0.2)
Obsessive-compulsive	1.4 (0.2)	2.0 (0.3)	1.3 (0.3)
Somatization	0.1 (0.1)	0.1 (0.1)	0.1 (0.1)
Personality disorder			
Antisocial personality	0.6 (0.1)	0.7 (0.2)	1.3 (0.3)
Cognitive impairment (severe)	1.3 (0.2)	1.3 (0.2)	1.0 (0.2)

[1] DIS indicates Diagnostic Interview Schedule; ECA, Epidemiologic Catchment Area; numbers in parentheses indicate standard errors (SEs).

Table 1.3. Six-month prevalence of DIS/DSM-III disorders for estimated number and percent of U.S. civilian population, based on 1980 U.S. census and three ECA sites [1]

Disorder	Estimated U.S. population aged 18 or older	
	Number (in millions)	Percent
Any DIS disorder	29.4	18.7
Any DIS disorder except phobia	22.6	14.4
Any DIS disorder except substance abuse	22.1	14.0
Substance abuse disorders	10.0	6.4
Alcohol abuse/dependence	7.9	5.0
Alcohol abuse	7.2	4.6
Alcohol dependence	4.6	2.9
Drug abuse/dependence	3.1	2.0
Drug abuse	2.1	1.3
Drug dependence	1.7	1.1
Schizophrenic/schizophreniform	1.5	1.0
Schizophrenia	1.4	0.9
Schizophreniform	0.1	0.1
Affective disorders	9.4	6.0
Manic episode	1.0	0.7
Major depressive episode	4.9	3.1
Dysthymia	5.1	3.2
Anxiety/somatoform disorders	13.1	8.3
Phobia	11.1	7.0
Panic	1.2	0.8
Obsessive compulsive	2.4	1.5
Somatization	0.1	0.1
Antisocial personality	1.4	0.9
Cognitive impairment (severe)	1.6	1.0

[1] The three ECA sites were not chosen to be a representative sample of the United States, so the study results cannot be used to estimate precisely the number of Americans afflicted. However, by projecting the data and standardizing the rates to the 1980 Census on the basis of age, sex, and race, an approach is provided for those who wish to make projections to the total population.

Table 1.4. Four most frequent DIS/DSM-III psychiatric disorders,[1] by rank, sex, and age, based on 6-month prevalence rates

Rank	Age group				
	18-24	25-44	45-64	65+	Total
Male					
1	Alcohol abuse/ dependence	Alcohol abuse/ dependence	Alcohol abuse/ dependence	Severe cognitive impairment	Alcohol abuse/ dependence
2	Drug abuse/ dependence	Phobia	Phobia	Phobia	Phobia
3	Phobia	Drug abuse/ dependence	Dysthymia	Alcohol abuse/ dependence	Drug abuse/ dependence
4	Antisocial personality	Antisocial personality	Major depressive episode without grief	Dysthymia	Dysthymia
Female					
1	Phobia	Phobia	Phobia	Phobia	Phobia
2	Drug abuse/ dependence	Major depressive episode without grief	Dysthymia	Severe cognitive impairment	Major depressive episode without grief
3	Major depressive episode without grief	Dysthymia	Major depressive episode without grief	Dysthymia	Dysthymia
4	Alcohol abuse/ dependence	Obsessive compulsive disorder	Obsessive compulsive disorder	Major depressive episode without grief	Obsessive compulsive disorder

[1] Dysthymia included. The basis for ranking was the mean 6-month prevalence rates for New Haven, Baltimore, and St. Louis combined. DIS indicates Diagnostic Interview Schedule.

Table 1.5. Percentage of ambulatory health and/or mental health visits in past 6 months for persons with specific recent DIS/DSM-III disorders: Three ECA sites [1]

Disorder	New Haven, CT % 1980-81 (N=3,058)	Baltimore, MD % 1981-82 (N=3,481)	St. Louis, MO % 1981-82 (N=3,004)
Any DIS disorder covered			
All types of visits [2]	69.1 (2.3)	67.0 (2.0)	65.7 (2.4)
Mental health visits (total)	19.5 (1.8)	15.6 (1.6)	17.8 (2.4)
General medical provider only	7.1 (1.3)	7.5 (1.0)	8.5 (1.5)
Mental health specialist	12.4 (1.5)	8.1 (1.2)	9.3 (1.6)
Substance abuse/dependence			
All types of visits	61.3 (4.1)	66.1 (3.4)	49.0 (4.0)
Mental health visits (total)	14.4 (3.4)	18.4 (2.8)	7.9 (2.0)
General medical provider only	4.2 (1.6)	5.3 (1.4)	1.4 (0.8)
Mental health specialist	10.2 (2.8)	13.1 (2.5)	6.6 (1.9)
Schizophrenic/schizophreniform disorders			
All types of visits	78.2 (5.5)	77.1 (7.1)	77.8 (10.1)
Mental health visits (total)	48.3 (8.3)	38.6 (8.4)	53.2 (13.0)
General medical provider only	9.1 (4.5)	12.9 (6.7)	5.1 (3.1)
Mental health specialist	39.2 (8.2)	25.8 (7.7)	48.1 (13.7)
Affective disorders [3]			
All types of visits	76.5 (3.2)	77.8 (3.8)	78.6 (3.1)
Mental health visits (total)	31.7 (3.6)	31.2 (3.8)	31.2 (5.2)
General medical provider only	12.5 (2.7)	14.0 (2.3)	14.9 (3.3)
Mental health specialist	19.2 (2.7)	17.2 (3.4)	16.3 (3.5)
Anxiety/somatoform disorders [4]			
All types of visits	77.3 (3.5)	68.9 (2.3)	75.6 (3.6)
Mental health visits (total)	22.7 (2.9)	15.4 (2.1)	22.8 (4.3)
General medical provider only	7.5 (1.7)	8.2 (1.6)	10.9 (3.2)
Mental health specialist	15.2 (2.6)	7.2 (1.4)	11.8 (3.2)
Antisocial personality			
All types of visits	83.1 (10.4)	79.7 (8.6)	68.8 (9.1)
Mental health visits (total)	39.3 (10.6)	22.9 (10.7)	6.9 (4.2)
General medical provider only	14.2 (8.1)	8.7 (6.3)	1.8 (1.2)
Mental health specialist	25.1 (10.1)	14.3 (8.5)	5.1 (4.1)
Cognitive impairment (severe) [5]			
All types of visits	51.3 (8.2)	57.3 (7.9)	45.1 (9.9)
Mental health visits (total)	7.6 (2.5)	7.0 (4.3)	3.6 (2.5)
General medical provider only	5.3 (1.1)	1.5 (1.5)	1.7 (1.5)
Mental health specialist	2.3 (2.3)	5.5 (4.1)	1.8 (1.9)

[1] DIS indicates Diagnostic Interview Schedule; ECA, epidemiologic catchment area. Numbers in parentheses indicate standard errors (SEs).

[2] Ambulatory visits in 6 months prior to interview.

[3] Includes dysthymia.

[4] Includes phobic disorder, panic disorder, obsessive-compulsive disorder, and somatization disorder.

[5] Based on Mini-Mental State Examination score of 0 to 17.

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Chapter 2

Specialty Mental Health Services: System and Patient Characteristics—United States

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Introduction

Considerable change has occurred during the 1970s and early 1980s in the structure and characteristics of the system of organized services in the specialty mental health sector, that is, those organizations designed primarily to provide mental health services. This chapter describes some of these basic changes as reflected through organizational and patient data collected from specialty mental health organizations by the Survey and Reports Branch (SRB), Division of Biometry and Epidemiology (DBE), National Institute of Mental Health (NIMH).

The information in this chapter was collected through two mechanisms—inventories of mental health organizations and patient sample surveys. The inventories are complete enumerations of all specialty mental health organizations that collect aggregate descriptive information on number and types of services, capacity (e.g., beds), volume of services, expenditures, and staffing. The patient sample surveys are based on probability samples of specialty mental health organizations and patients admitted to these organizations. The patient surveys collect demographic, socioeconomic, and service data on a sample of patient admissions or discharges. A detailed description of the inventory and patient survey data collection mechanisms is provided in appendix A.

The types of mental health organizations included are specified in each of the tables, and definitions for these organization types appear in appendix A. Included are specialty mental health organizations under non-Federal auspices, as well as those operated by the Veterans Administration (VA). Thus, the following types of services and organizations are excluded: private office-based practices of psychiatrists, psychologists, and other providers; psychiatric services of all types of hospitals or outpatient clinics operated by Federal agencies other than the VA (e.g., Public Health Service, Indian Health Service, Department of Defense, Bureau of Prisons, etc.); general hospitals that have no separate psychiatric services, but admit psychiatric patients to nonpsychiatric units; and non-hospital psychiatric services of schools and colleges.

In brief, this chapter examines four foci of the specialty mental health sector, which are defined as follows:

Availability refers to the number of organizations and different types of services within these organizations, as well as the capacity of these services, e.g., number of inpatient beds.

Volume reflects the actual level of services provided. Included are aggregate measures of service use for inpatient, outpatient, and day-treatment care, e.g., number of inpatient days of care, as well as the detailed patient characteristics of those who use services, e.g., number of female admissions.

Staffing refers to the level and mix of personnel by discipline within organizations.

Cost reflects the expenditures made by organizations in providing and administering services.

Description of Tables

Tables 2.1 through 2.9 and 2.25 through 2.27 are derived from inventory data. These tables are organized to reflect the four system foci; namely, availability, volume, staffing, and cost. Each of these tables presents data for selected years over a 12-year period. Aggregate

data are presented by type of organization for the United States as a whole (excluding Puerto Rico, the Virgin Islands, and other U.S. territories and possessions). The inventory data are updates of information published previously in *Mental Health, United States 1983*. Data for 1971-72, 1973-74, and 1977-78, which were shown in the earlier edition, are not included in the current report.

Tables 2.10 through 2.20 are based on the patient sample surveys and show specific information on the volume of service use by detailed characteristics of patients admitted to inpatient psychiatric services during 1980. Changes in the volume of admissions to inpatient psychiatric services by selected detailed patient characteristics are presented in tables 2.21 through 2.24 for the years 1970, 1975, and 1980.

It should be noted that a major revision of the inventory program took place in 1981-82. As a result of the 1981 shift in the funding of the Community Mental Health Center (CMHC) program from categorical to block grants, the Inventory of CMHCs was discontinued. Organizations that previously had been classified as CMHCs were reclassified as multiservice mental health organizations, freestanding psychiatric outpatient clinics, or as psychiatric units of non-Federal general hospitals, depending upon the types of services they directly operated and controlled. The Inventory of Mental Health Organizations (IMHO), first used in 1981-82, was designed to reflect these changes in classification.

Availability

Several measures reflect changes that have occurred in the availability of organized specialty mental health services between 1970 and 1982. Among these are the number of specialty mental health organizations and the number of these organizations that provide specific services; that is, inpatient, outpatient, and day treatment. For inpatient services, number of beds set up and staffed is a useful measure of system capacity.

Table 2.1 presents information for selected years from 1970 to 1982 on the number of specialty mental health organizations and the particular types of services they provide. Table 2.2 shows the number of inpatient beds in these organizations during the same period. Some highlights from these tables are presented below.

Number of Organizations

In the interval between 1970 and 1982, several changes have taken place in the number of organizations constituting the Nation's organized specialty mental health service delivery system.

- The total number of organizations that provide mental health services rose from 3,005 to 4,302 between 1970 and 1982 (table 2.1), an increase of 43 percent. Despite the increase for all organizations combined, the number of State and county mental hospitals decreased from 310 to 277 in the same time period.
- The number of private psychiatric hospitals and non-Federal general hospitals with separate psychiatric services increased for each year shown between 1970 and 1982 (table 2.1). The increase was particularly large between 1980 and 1982. With respect to non-Federal general hospitals, nearly all of the increase between 1980 and 1982 was due to the inclusion of some organizations classified in previous years as federally funded CMHCs.
- The number of residential treatment centers for emotionally disturbed children (RTCs) increased between 1970 and 1982 (table 2.1).
- The number of freestanding psychiatric outpatient clinics decreased slightly between 1970 and 1980 before increasing between 1980 and 1982. The increase between 1980 and 1982 was attributed entirely to the inclusion of organizations in this category classified in previous years as federally funded CMHCs (table 2.1).

Number of Services and Beds Within Organizations

Within specialty mental health organizations, a variety of different types of services are provided. Among the principal services are inpatient, outpatient, and day treatment care. Noteworthy changes have occurred in the availability of these services between 1970 and 1982.

- The number of organizations providing inpatient services rose from 1,734 to 2,526 between 1970 and 1980 before decreasing to 2,305 in 1982 (table 2.1a). By contrast, the number of inpatient beds decreased in each year shown for all organizational types combined (table 2.2). The number of inpatient beds in 1982 (247,312) was 53 percent less than the number in 1970 (524,878).
- Nearly all of the decrease in inpatient beds (table 2.2) can be attributed to bed reductions in State and county mental hospitals, which maintained only 140,140 beds in 1982, a decrease of 66 percent from the 413,066 beds available in 1970. Despite this decrease, State and county mental hospitals still accounted for about 57 percent of all

psychiatric beds in 1982, compared with 79 percent in 1970.

- The number of inpatient beds increased consistently between 1970 and 1982 in private psychiatric hospitals and non-Federal general hospital psychiatric services, but decreased consistently in VA medical centers (table 2.2).
- Exclusive of VA medical centers (for which data on outpatient services were not available in 1982), the number of organizations that provided outpatient services (table 2.1b) showed an increase of 22 percent, from 2,056 to 2,515 (not shown) during the 12-year period. Substantially fewer State and county mental hospitals and private psychiatric hospitals provided outpatient services in 1982 as compared with 1970.
- Exclusive of VA medical centers (for which day treatment data were not available in 1982), the number of organizations that provided day treatment services increased 104 percent, from 730 in 1970 to 1,489 (not shown) in 1982 (table 2.1c).

Volume

This section presents aggregate measures for the volume of service use from the inventories (tables 2.3 through 2.9; figures 2.1 through 2.3); information on the volume of service use by detailed characteristics of patients admitted to inpatient psychiatric services during 1980 (tables 2.10 through 2.20; figures 2.4 through 2.6); and changes in the volume of admissions to inpatient psychiatric services by selected detailed patient characteristics for the years 1970, 1975, and 1980 (tables 2.21 through 2.24; figure 2.7).

Aggregate Volume Measures

Along with changes in service availability, changes also have occurred in the level of services provided. Several discrete measures reflect these changes. Aggregate measures of inpatient volume include number and rate of additions; patient care episodes; patient days; average daily census; patients at the end of the year; and percent occupancy, a measure which relates system volume to capacity. For outpatient and day treatment services, the aggregate volume measures are number and rate of additions.

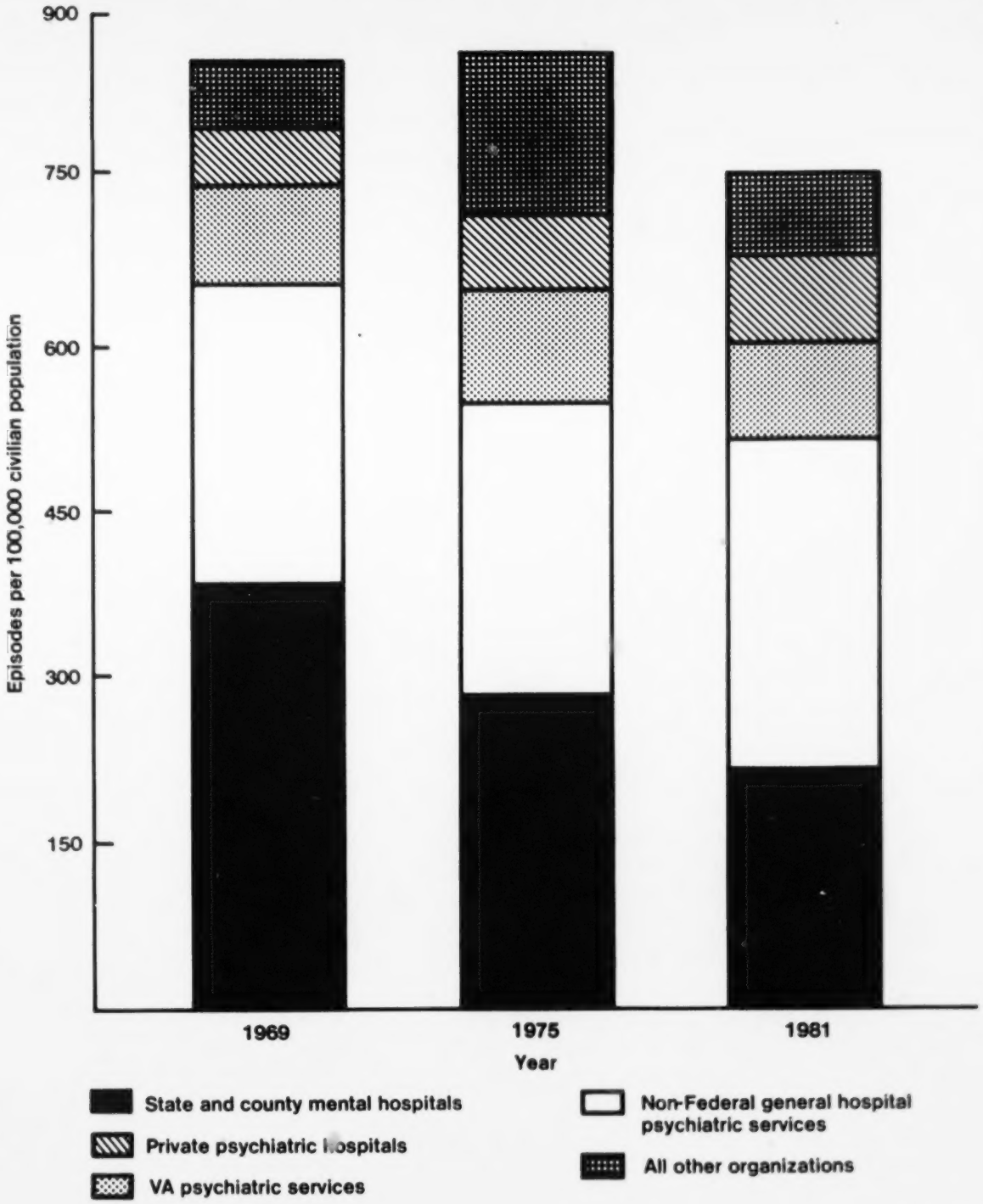
Tables 2.3 through 2.9 and figures 2.1 through 2.3 provide data on these aggregate measures of system volume. Since many of the measures are related to each other, certain of the tables are discussed together. Specifically, inpatient additions (table 2.3) are a subset of inpatient care episodes (table 2.4), defined as the number of inpatients receiving services at the beginning of the year plus the number of additions during the year; hence, they are discussed together. Likewise, tables 2.5 (inpatient days), 2.6 (average daily census), and 2.7 (inpatients at the end of the year) are viewed as companion tables and are analyzed together. The average daily census, defined as the annual number of inpatient days divided by 365, represents the mean number of persons occupying beds on a representative day during the year. By contrast, number of inpatients at the end of the year represents the number occupying beds at a particular point in time. Tables 2.8 and 2.9, which present data on outpatient and day treatment additions, are discussed separately.

Use of Specialty Psychiatric Inpatient Services

- Between 1969 and 1975, the number of inpatient additions to all organizations rose from 1,282,698 to 1,556,978, an increase of about 21 percent (table 2.3). In the same time period, the rates per 100,000 civilian population increased from 644 to 736 (14 percent). Between 1975 and 1979, the number of additions decreased slightly to 1,541,659, before decreasing considerably to 1,482,589 in 1981. By 1979, the rate per 100,000 civilian population had decreased to 704; by 1981, to 651. Similar patterns in both the numbers and the rates were observed between 1969 and 1981 for inpatient care episodes (table 2.4 and figure 2.1).
- In contrast to other types of organizations, State and county mental hospitals showed a decrease in inpatient additions and episodes throughout the 12-year period, with a leveling off in the 1979-81 period. Private psychiatric hospitals showed a consistent increase in both numbers and rates of additions and episodes over the same period. For general hospital psychiatric services, the numbers increased consistently although the rates dipped slightly in the 1975-79 period before increasing sharply (tables 2.3 and 2.4). In this latter organizational type, the particularly large increase between 1980-82 was due to the inclusion of some organizations classified in previous years as federally funded CMHCs.
- In 1981, non-Federal general hospital inpatient psychiatric services and State and county mental hospitals (table 2.3) jointly accounted for about two-thirds of all inpatient additions (44 and 25 percent, respectively).

Figure 2.1

Inpatient care episodes per 100,000 civilian population, by type of organization: United States, 1969, 1975, and 1981



- Indicative of the relatively long lengths of inpatient stay in State and County mental hospitals, these hospitals accounted for around 57 percent of the beds, but only 25 percent of the additions in 1981 (tables 2.2 and 2.3).
- The number of inpatient days, the average daily census, and the number of inpatients at the end of the year each decreased between 1969 and 1981 (tables 2.5 through 2.7). This pattern was consistent for each measure shown throughout the 12-year period. State and county mental hospitals accounted for the preponderance of this decrease, although VA psychiatric services also contributed significantly.
- For all organizations, the average bed occupancy decreased from 88 percent to 85 percent between 1969 and 1981 (table 2.6). Throughout the 12-year period, the percentage of beds occupied was consistently the highest for State and county mental hospitals, VA psychiatric services, and residential treatment centers for emotionally disturbed children.

Use of Outpatient and Day Treatment Services

- Exclusive of VA medical centers, the number of outpatient additions rose from 1,129,822 to 2,514,484 between 1969 and 1979, an increase of about 123 percent (table 2.8). In the interval from 1979 to 1981, the number of outpatient additions decreased for the first time in the past 25 years to 2,335,510 (excluding VA medical centers), a decrease of about 7 percent.
- Despite the overall decrease in number of outpatient additions between 1979 and 1981, the number of such additions to private psychiatric hospitals more than doubled in this time frame from 30,004 to 69,660, with most of the increase accounted for by newly estabished hospitals (table 2.8).
- Day treatment additions followed a trend similar to that of outpatient additions (table 2.9). Between 1969 and 1979, the number of day treatment additions (exclusive of VA medical centers) more than tripled from 51,986 to 165,353. However, between 1979 and 1981, the number of day treatment additions (exclusive of VA medical centers) decreased from 165,353 to 146,978 (11 percent), and the corresponding rate decreased from 74 to 65 per 100,000 civilian population.

Distribution of Additions and Addition Rates by Type of Service

- Exclusive of VA medical centers, inpatient additions comprised 49 percent of all additions in 1969, as compared with only 35 percent in 1981 (figure 2.2). By contrast, outpatient and day-treatment additions comprised 61 and 4 percent, respectively, of all additions in 1981, as compared with 49 and 2 percent, respectively, in 1969 (figure 2.2).
- Rates per 100,000 civilian population were also proportionately greater for outpatient and day treatment additions in the later years, as compared with 1969 (figure 2.3).

Detailed Patient Characteristics

This section presents national estimates for the detailed characteristics of patients admitted to the inpatient psychiatric services of State and county mental hospitals, private psychiatric hospitals, and VA medical centers, and of patients discharged from separate inpatient psychiatric units of non-Federal general hospitals. Organizational totals may vary somewhat from totals derived from the respective inventories because estimates of detailed patient characteristics are based upon samples of organizations and patients rather than upon complete enumerations. Data for the non-Federal general hospital patient survey are presented for three major subgroups: publicly operated hospitals, nonpublicly operated hospitals, and those CMHCs and multiservice organizations with separate inpatient psychiatric units that were totally coterminous with the inpatient psychiatric units of general hospitals. Throughout this section, the latter group of organizations will be referred to as multiservice non-Federal general hospitals.

Admissions to non-Federal general hospitals have relatively short lengths of inpatient stay, so that the detailed patient characteristics of admissions and discharges are essentially equivalent. Since these surveys are designed to estimate patient characteristics for a 1-year period, this section will refer to all patients as admissions. Estimates are presented for patient demographic characteristics, patient socioeconomic characteristics, and patient service characteristics for those admitted to inpatient psychiatric services during 1980. Trends in individual patient demographic and service characteristics are also presented for admissions to inpatient psychiatric services during the period from 1970 to 1980.

Figure 2.2

Percent distribution of additions to mental health organizations (excluding VA medical centers), by type of service: United States, 1969, 1975, and 1981

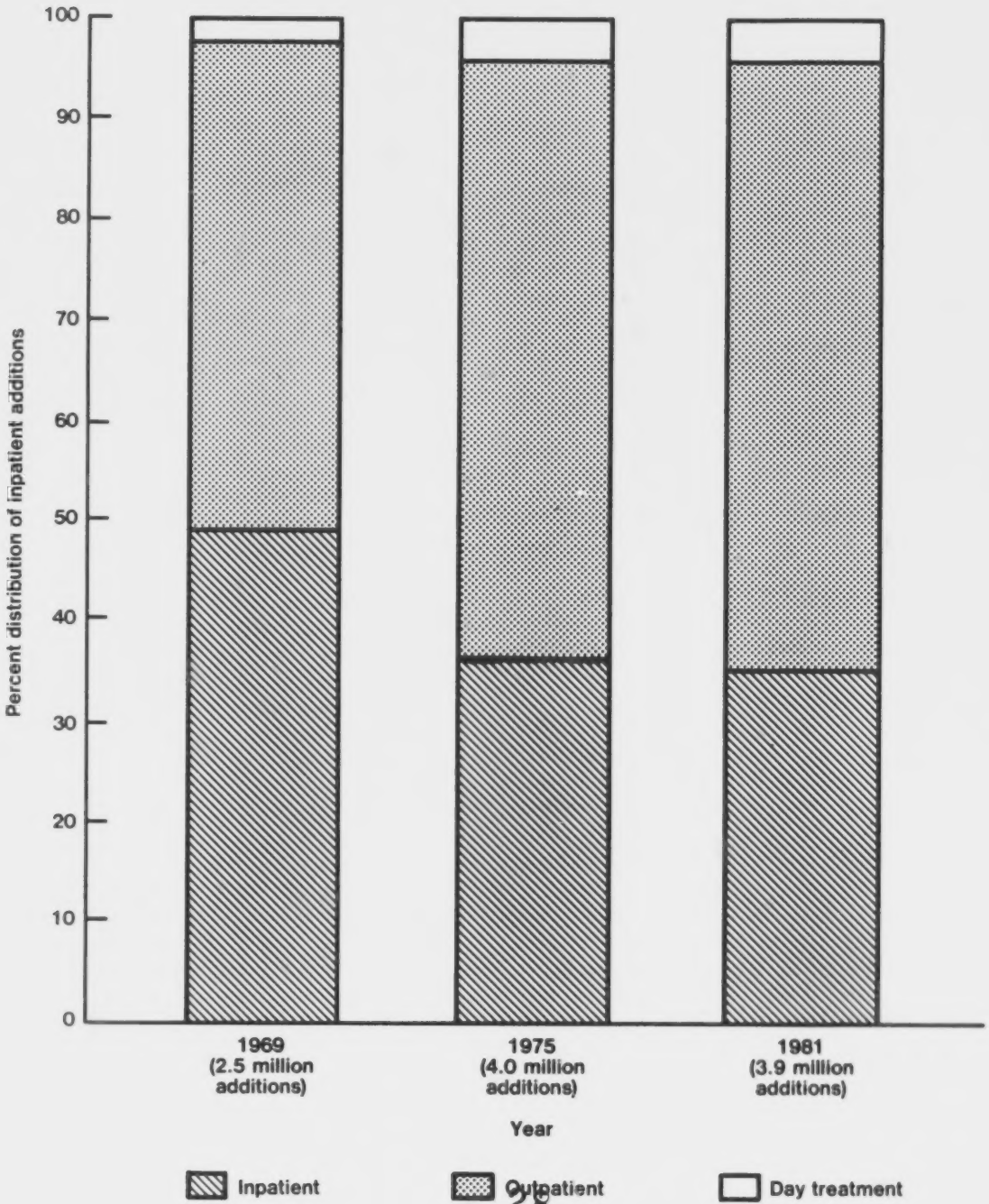
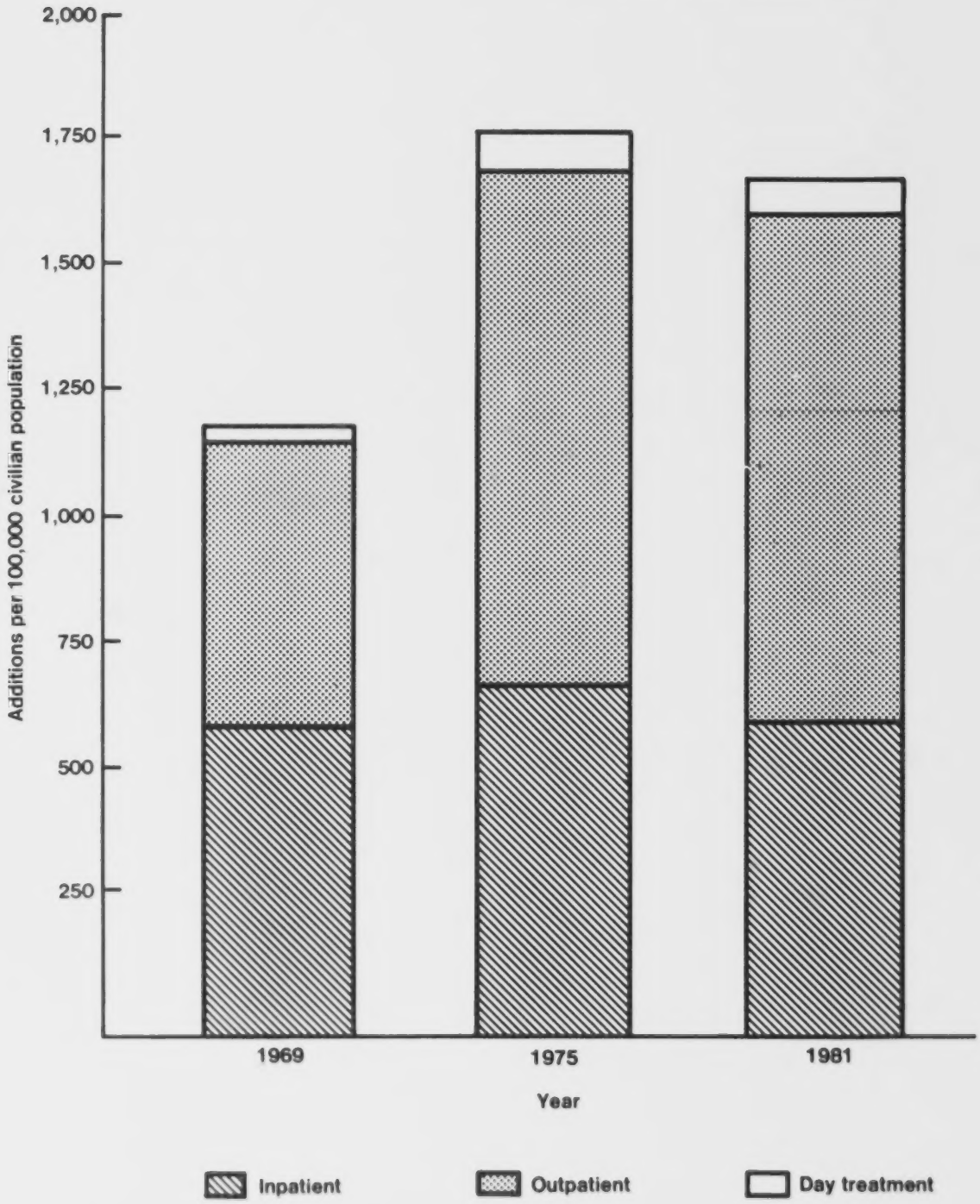


Figure 2.3

Additions per 100,000 civilian population, by type of service (excluding VA medical centers): United States, 1969, 1975, and 1981



Patient Demographic Characteristics 1980

Distributions of admissions by age, sex, and race, and rates per 100,000 civilian population are presented for each type of inpatient psychiatric service (tables 2.10a through 2.10g and figures 2.4 and 2.5).

- During 1980, persons in the age group 25 to 44 accounted for the largest percentage of admissions to the inpatient psychiatric services of State and county mental hospitals (48 percent), private psychiatric hospitals (39 percent), VA medical centers (51 percent), and non-Federal general hospitals (45 percent) (tables 2.10a through 2.10g). When age specific admission rates per 100,000 civilian population are compared within inpatient psychiatric services, the middle age groups (18 to 64) of admissions generally showed higher rates than young (under 18) and elderly (65 and over) admissions (figure 2.4).
- Comparisons among the various types of inpatient psychiatric services show that admission rates per 100,000 civilian population for whites and persons from all other races differ most widely within public mental health organizations; that is, State and county mental hospitals, public non-Federal general hospitals, and VA medical centers (tables 2.10a through 2.10g). Persons from all other races were admitted to the inpatient psychiatric services of State and county mental hospitals at a rate more than double that of whites (328.0 vs. 136.8); to public non-Federal general hospitals at a rate nearly twice that of whites (95.4 vs. 50.1); and to VA medical centers at a rate one-third more than that of whites (104.4 vs. 64.9). In multiservice non-Federal general hospitals, the admission rate for persons from all other races was slightly higher than the rate for whites. In private psychiatric hospitals and nonpublic non-Federal general hospitals, admission rates did not differ significantly between whites and persons from all other races.
- The percentage of male admissions significantly outnumbered that of females in State and county mental hospitals (64.9 percent vs. 35.1 percent) and, as expected, in VA medical centers (97.3 percent vs. 2.7 percent) (tables 2.10a and 2.10c, percents not shown; see figure 2.5 also). The slightly greater percentage of female admissions relative to male admissions for each of the remaining inpatient psychiatric services is consistent with the percentages of males and females in the civilian population of the United States.
- Among inpatient psychiatric services, the highest male admission rate (276.4) and the highest female admission rate (313.1) per 100,000 civilian population occurred in non-Federal general hospitals (tables 2.10a through 2.10g). In State and county mental hospitals, the male admission rate was about twice the female rate (219.8 vs. 111.1, respectively) and, as expected in VA medical centers, the male admission rate was 38 times the female rate (141.9 vs. 3.7, respectively).

Patient Socioeconomic Characteristics 1980

Tables 2.11 through 2.14 provide data on selected socioeconomic characteristics of admissions to inpatient psychiatric services. Percent distributions by marital status, legal status, veteran status, and expected principal source of payment at time of admission are discussed separately.

- With the exception of admissions to State and county mental hospitals, the married and never married represented larger percentages of adult admissions to inpatient psychiatric services than did the remaining marital status subgroups (table 2.11). In State and county mental hospitals, the percentage of admissions who were never married predominated, and the percentages of admissions who were married (21 percent) or divorced (18 percent) were about equally represented. In VA medical centers, divorced persons accounted for 26 percent of admissions, as contrasted with only 11 percent in private psychiatric hospitals, and less than 20 percent in the remaining inpatient psychiatric services. In each type of organization, a higher percentage of male admissions than female admissions had never been married. The predominance of married and never married persons admitted to inpatient psychiatric services, as well as the higher percentage of male admissions who have never been married are findings consistent with patterns for the adult resident population of the United States, as reported by the United States Bureau of the Census (1981).
- Most persons were voluntarily admitted to inpatient psychiatric services (table 2.12), with the exception of those admitted to State and county mental hospitals, where the largest percentage of admissions were involuntary-noncriminal commitments (51 percent). By contrast, the percentages of

Figure 2.4

Admission rates per 100,000 civilian population,
by age and type of inpatient psychiatric service: United States, 1980

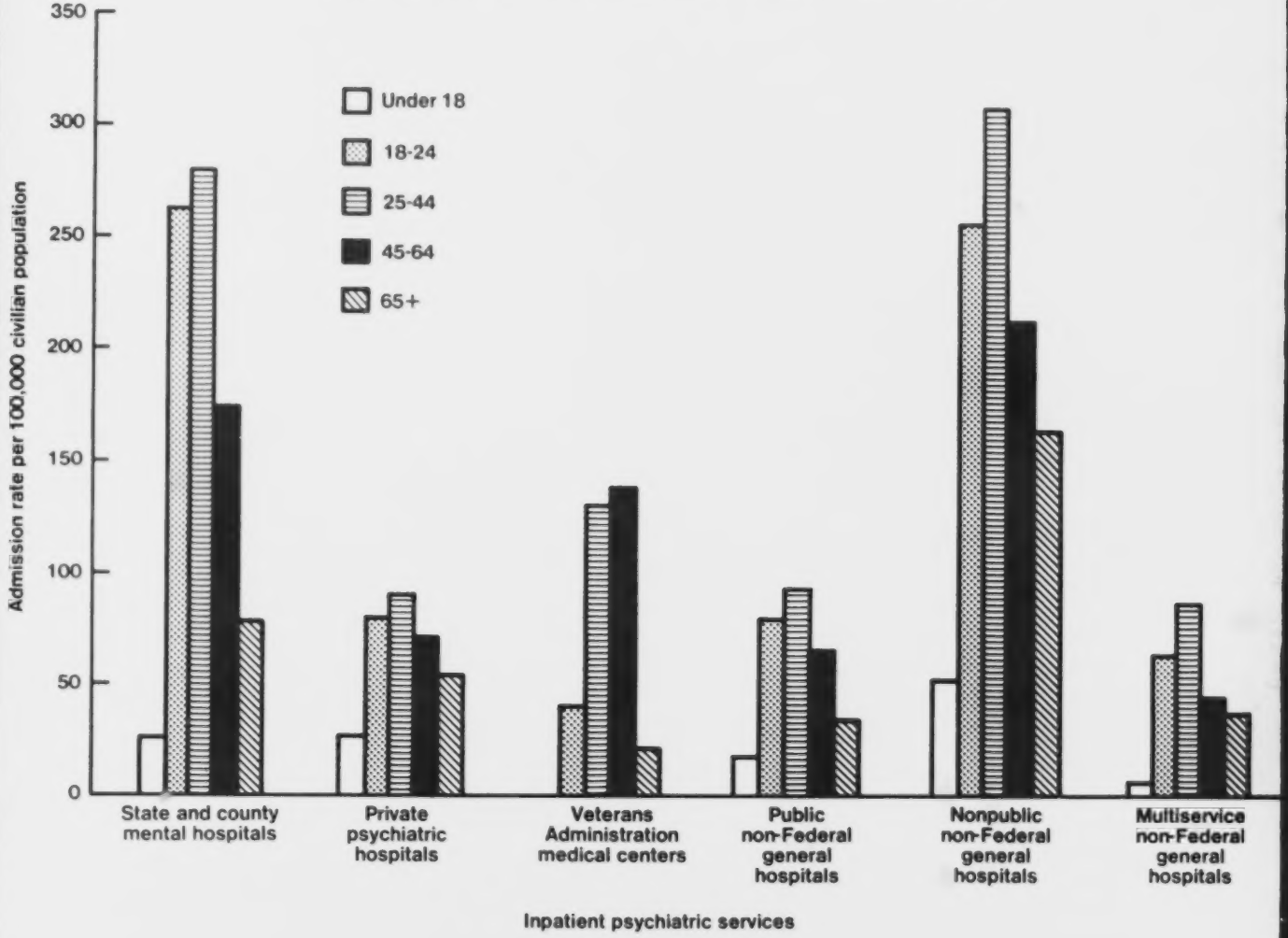
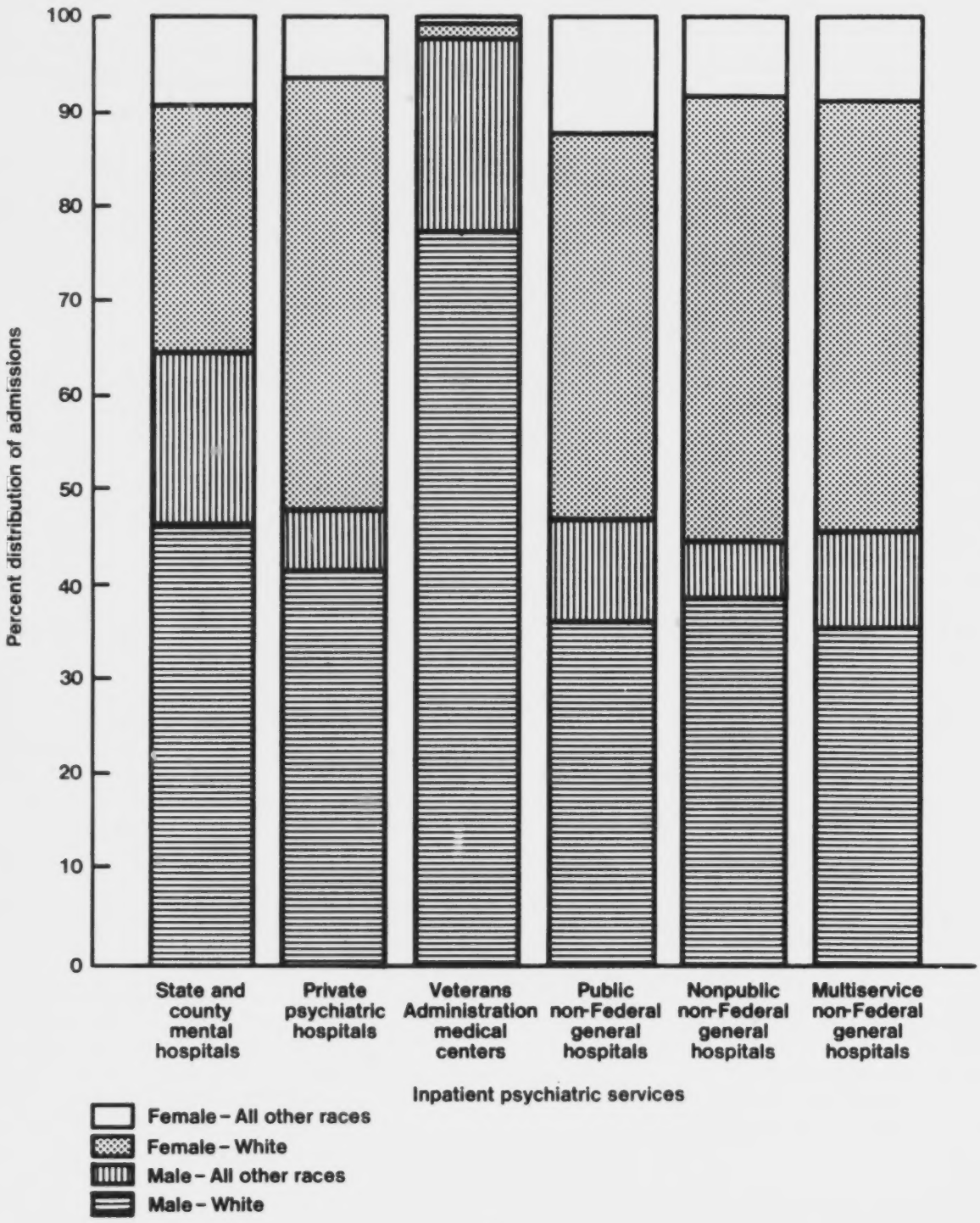


Figure 2.5

Percent distribution of admissions, by sex, race, and type of inpatient psychiatric service: United States, 1980



those admitted through involuntary-noncriminal commitments to public and multiservice non-Federal general hospitals, private psychiatric hospitals, and nonpublic non-Federal general hospitals were 30, 28, 12, and 8 percent, respectively. Voluntary admissions accounted for 42 percent of those admitted to State and county mental hospitals, while involuntary-criminal commitments accounted for 7 percent of admissions to these organizations.

- As expected, most persons admitted to VA medical centers (99.8 percent) were U.S. military veterans (table 2.13, percent not shown). However, most admissions to the remaining inpatient psychiatric services were not veterans. Veterans accounted for 17 percent of admissions to State and county mental hospitals, as compared to 14 percent of admissions to private psychiatric hospitals, and 12, 11, and 9 percent of admissions to multiservice, nonpublic, and public non-Federal general hospitals, respectively (table 2.13, percents not shown). Among admissions to VA medical centers, veterans of the Vietnam era and World War II accounted for the largest percentages of admissions to these organizations (42 and 25 percent, respectively). In comparison, veterans of the Vietnam era and World War II each accounted for 5 percent or less of total admissions to the remaining inpatient psychiatric services.
- Among admissions under age 65, commercial insurance was the most frequently reported expected principal source of payment in private psychiatric hospitals and nonpublic non-Federal general hospitals (68 and 53 percent, respectively) (table 2.14). In public and multiservice non-Federal general hospitals, commercial insurance and Medicaid were the expected principal payment sources for approximately equal percentages of admissions under age 65 to these organizations (about 30 percent). In comparison, almost one-half (48 percent) of the admissions under age 65 to State and county mental hospitals were not charged for services (that is, no fee payment was expected). The second most frequently reported source of payment among admissions under age 65 to nonpublic non-Federal general hospitals was Medicaid (24 percent). In private psychiatric hospitals, Medicare (8 percent) and Medicaid (7 percent) ranked next to commercial insurance, while in State and county mental hospitals, personal resources (15 percent) ranked second to no expected fee payment.
- Among admissions 65 years of age and over, Medicare ranked first as the expected principal payment source in all organizations (table 2.14). However, the percentage of admissions with Medicare as the expected principal source of payment differed considerably by type of organization. Among admissions 65 and over in State and county mental hospitals, Medicare was the expected principal payment source for 39 percent of admissions, whereas in remaining organization types, Medicare was the expected principal source of payment for between 69 percent of admissions in multiservice non-Federal general hospitals and 87 percent in private psychiatric hospitals. One possible explanation for this difference is that those aged 65 and over admitted to State and county mental hospitals may already have exhausted their Medicare benefits (that is, 190-day lifetime limit). Most of these persons were readmissions to inpatient psychiatric care, with much longer inpatient stays than those from similar age groups admitted to other inpatient psychiatric services. In State and county mental hospitals, Medicaid, no payment, and personal resources were the expected principal payment sources for fairly large percentages of admissions in this age group (21, 17, and 15 percent, respectively).

Patient Service Characteristics 1980

Tables 2.15 through 2.20 and figure 2.6 present data on the service characteristics of persons admitted to inpatient psychiatric services during 1980. These patient characteristics include mental health care prior to admission; primary diagnosis; median days of inpatient stay by primary diagnosis, age, and expected principal payment source; and types of treatment received during the inpatient care episode.

Prior Inpatient Care

- For each type of inpatient psychiatric service, most admissions were readmissions to inpatient psychiatric care (that is, they had received prior inpatient psychiatric care in an organization at some prior time); however, the percentage of readmissions varied by organization type (table 2.15). In VA medical centers, 86 percent of admissions had prior inpatient psychiatric care; in State and county mental hospitals, about 80 percent were readmissions; and in each type of non-Federal general hospital and in private psychiatric hospitals, about 70 percent were readmissions.

Primary Diagnosis

- Schizophrenia was either the most frequent or the second most frequent primary diagnosis for admissions to each type of inpatient psychiatric service (table 2.16; figure 2.6). In State and county mental hospitals, schizophrenia was the most frequent primary diagnosis, accounting for approximately one-third of all admissions to these organizations. In VA medical centers, nonpublic non-Federal general hospitals, and private psychiatric hospitals, schizophrenia ranked as the second most frequent primary diagnosis (30, 22, and 21 percent, respectively). In public and multiservice non-Federal general hospitals, approximately equal percentages of admissions were given primary diagnoses of schizophrenia and affective disorders; these two diagnostic groupings together accounted for over 50 percent of admissions to these organizations.
- Affective disorders were the most frequent primary diagnoses for admissions to private psychiatric hospitals (43 percent) and nonpublic non-Federal general hospitals (34 percent) (table 2.16; figure 2.6). By contrast, affective disorders were the primary diagnoses for only 14 and 13 percent of admissions to VA medical centers and State and county mental hospitals, respectively.
- The percentage of admissions with primary diagnoses of alcohol-related disorders varied considerably by type of inpatient psychiatric service (table 2.16; figure 2.6). They represented the most frequent primary diagnoses among admissions to VA medical centers (34 percent), the primary diagnoses for 22 percent of the admissions to State and county mental hospitals, and the primary diagnoses for less than 10 percent of admissions to the remaining types of inpatient psychiatric services.

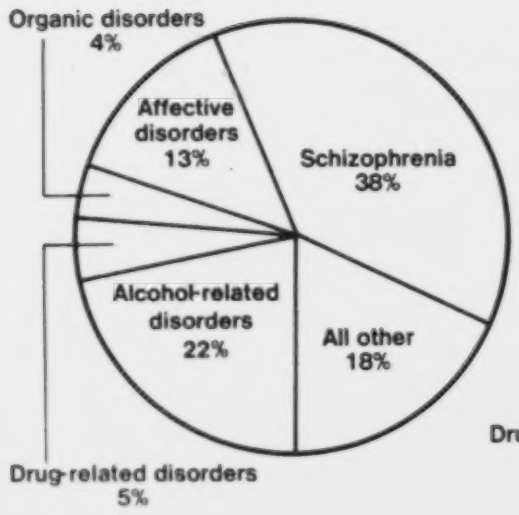
Length of Stay

In tables 2.17 through 2.19, median length of stay for admissions, excluding deaths, is reported by diagnosis, age, and expected principal payment source, respectively, for each type of inpatient psychiatric service. Median length of stay is a positional measure that divides all admissions into two groups of equal size. Fifty percent of all admissions have a length of stay shorter than the median; 50 percent, a length of stay that is longer than the median. Results are comparable across the four types of inpatient services surveyed. However, one should note that a positional measure, such as median length of stay, will produce results that may differ from other measures of central tendency, such as mean length of stay.

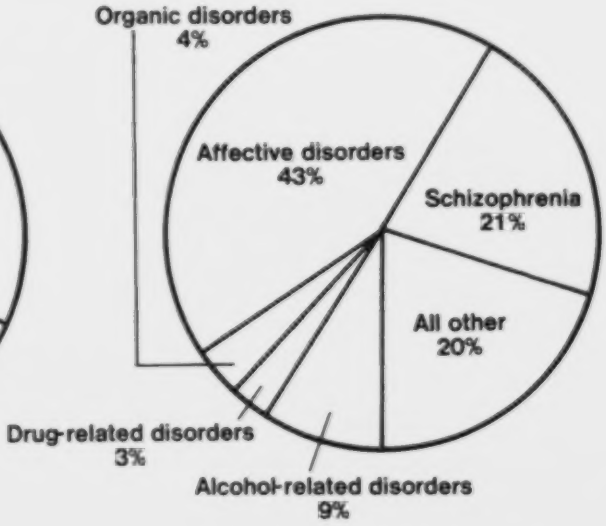
- Significant differences were not found in the overall median days of stay for admissions to State and county mental hospitals (23 days), VA medical centers (22 days), and private psychiatric hospitals (19 days) (table 2.17). However, it should be noted that the surveys are based upon admission cohorts and therefore exclude long-stay patients, particularly in State and county mental hospitals. By contrast, non-Federal general hospitals admitted persons for considerably shorter periods of inpatient care; for admissions to nonpublic, public, and multiservice non-Federal general hospitals, the median days of stay were 12, 11, and 10 days, respectively.
- Comparisons among the inpatient psychiatric services show considerable variation in length of stay by type of diagnosis (table 2.17). State and county mental hospital admissions with organic disorders had the longest inpatient stay, with a median of 71 days. By contrast, admissions with organic disorders had a median stay of 33 days in VA medical centers, while admissions with organic disorders had median stays of 17 days or less in each of the remaining inpatient psychiatric services.
- A similar pattern was observed for admissions diagnosed with schizophrenia (table 2.17). In State and county mental hospitals, admissions with schizophrenia had a median stay of 42 days; in VA medical centers, the median stay was 24 days; and in each of the remaining inpatient psychiatric services, the median length of stay was 18 days or less.
- Irrespective of diagnosis, admissions to private psychiatric hospitals and each type of non-Federal general hospital had median inpatient stays of 3 weeks or less (table 2.17).
- In State and county mental hospitals, admissions 65 and over had the longest median inpatient stay (61 days) of any age group, three times longer than the median stay for admissions in the age groups 18 to 24 and 25 to 44 (17 and 20 days, respectively) (table 2.18).
- In private psychiatric hospitals, admissions under 18 years of age had the longest median stay (36 days), while significant differences were not found in median days of stay for admissions in remaining age groups (table 2.18).
- In VA medical centers, admissions 65 and over had the longest median stay (32 days). For other admissions over the age of 18, median stays ranged from 16 to 26 days (table 2.18).

Figure 2.6

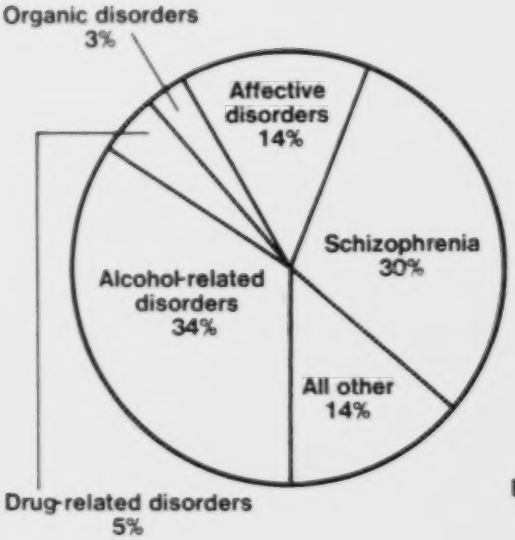
Percent distribution of admissions, by selected primary diagnosis and type of inpatient psychiatric service: United States, 1980



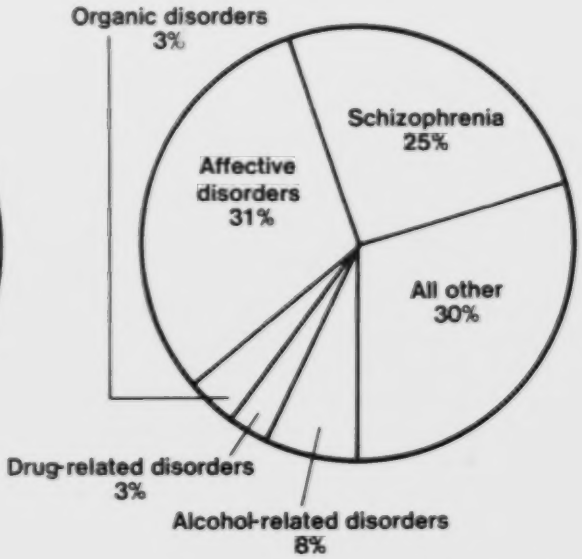
State and county mental hospitals



Private psychiatric hospitals



Veterans Administration medical centers



Non-Federal general hospitals

- Comparisons among the various types of inpatient psychiatric services show that admissions under 18 years of age had the longest median stay in State and county mental hospitals (54 days), followed by private psychiatric hospitals (36 days), and public non-Federal general hospitals (20 days) (table 2.18). Admissions 65 and over had the longest median stay in State and county mental hospitals (61 days), followed by VA medical centers (32 days). Admissions in the 45 to 64 age group had the longest median stay in both State and county mental hospitals and VA medical centers (29 and 26 days, respectively).
- Admissions of all ages in each type of non-Federal general hospital had median inpatient stays of less than 3 weeks (table 2.18).
- Admissions 65 and over in each type of non-Federal general hospital generally had a longer median stay than did admissions in age groups 18 to 24 and 25 to 44 (table 2.18).
- Admissions under age 18 in public non-Federal general hospitals had a longer median inpatient stay (20 days) than did admissions under 18 in nonpublic and multiservice non-Federal general hospitals (13 and 12 days, respectively) (table 2.18).
- Comparisons among the inpatient psychiatric services show that admissions to State and county mental hospitals had the longest median inpatient stays for each expected principal source of payment, with the exception of commercial insurance (table 2.19). Admissions expected to use commercial insurance had the longest median stay (21 days) in private psychiatric hospitals.
- In State and county mental hospitals, admissions expected to use Medicaid and Medicare as their principal payment sources had the longest median stays (37 and 32 days, respectively). These median stays were more than twice as long as that for admissions expected to use commercial insurance (15 days) (table 2.19).
- In private psychiatric hospitals, admissions expected to use commercial insurance, Medicare, and Medicaid as their principal payment sources had median days of stay between two and three times longer than admissions for whom no fee payment was expected and those expected to use personal resources (table 2.19).
- Admissions to public non-Federal general hospitals had median inpatient stays of 2 weeks or less, irrespective of the expected principal payment source (table 2.19). In these hospitals, admissions who were expected to use Medicaid had a median inpatient stay twice as long as that for admissions who were expected to use personal resources (14 vs. 7 days, respectively).
- In nonpublic non-Federal general hospitals, significant differences were not found in median days of stay for admissions expected to use Medicare, commercial insurance, or Medicaid (table 2.19). Admissions who were expected to use any of these payment sources had median stays between two and four times longer than the median stays of those for whom no fee payment was expected and those who were expected to use personal resources.
- Similarly, in multiservice non-Federal general hospitals, significant differences were not found in the median days of stay for admissions expected to use Medicare, commercial insurance, or Medicaid (table 2.19). Admissions expected to use Medicare had a median stay twice as long as the median stay of those for whom no fee payment was expected and those expected to use personal resources.

Types of Treatment Received

- Individual therapy was the most frequently reported type of treatment received by admissions to each type of inpatient psychiatric service, with the exception of State and county mental hospitals, where drug and individual therapy were reported with equal frequency (table 2.20). Approximately 90 percent of admissions to private psychiatric hospitals and each type of non-Federal general hospital received individual therapy during their hospital stay, while in VA medical centers and State and county mental hospitals, about 65 percent of admissions received individual therapy.
- Drug, group, and activity therapies were also frequently reported as treatments provided to patients in each type of inpatient psychiatric service (table 2.20). The percentage of admissions receiving detoxification varied considerably by organization type, ranging from 24 percent of admissions to VA medical centers to 5 percent of admissions to multiservice non-Federal general hospitals.

Trends in Patient Demographic and Service Characteristics (1970-1980)

Within specialty mental health organizations, changes occurred in the age, sex, and racial distribution of admissions between 1970 and 1980. Changes also occurred in the primary diagnoses of admissions and their

lengths of inpatient stay within these organizations during this 10-year period (tables 2.21 through 2.24 and figure 2.7).

- Admission rates to State and county mental hospitals decreased between 1970 and 1980 for males from older age groups, 45 to 64 and 65 and over, as well as for females from each age group, except for those between the ages of 18 to 24 (table 2.21). By contrast, in private psychiatric hospitals, rates increased over the 10-year period for male admissions in each age group under 45, as well as for female admissions in each age group under 65. In non-Federal general hospitals, rates decreased between 1971 and 1980 for males in the age groups 18 to 24, 25 to 44, and 45 to 64. The admission rate for females ages 25 to 44 decreased between 1971 and 1980 in these organizations, while admission rates for females in each of the remaining age groups did not change significantly over the 10-year period.
- Between 1970 and 1980, the percentage of male admissions increased in State and county mental hospitals and private psychiatric hospitals (table 2.22). In State and county mental hospitals, this increase was due totally to an increase in the number of males from races other than white admitted to these organizations. By contrast, the percentage of males admitted to non-Federal general hospitals remained stable over this 10-year period.
- Comparisons by race show that admission rates per 100,000 civilian population increased in private psychiatric hospitals between 1970 and 1980 for males and females from both racial groups (table 2.22). In State and county mental hospitals, by contrast, admission rates decreased over the 10-year period for females regardless of race, and remained relatively stable for males from both racial groups. In non-Federal general hospitals, admission rates decreased between 1970 and 1980 for males from races other than white, while admission rates for white males and females from both racial groups did not change significantly.
- The distribution of admissions by psychiatric diagnosis remained relatively stable between 1970 and 1980 (table 2.23). Over the 10-year period, affective disorders were the most frequent diagnoses for admissions to private psychiatric hospitals (39 to 43 percent) and for admissions to non-Federal general hospitals (30 to 38 percent). Schizophrenia was the second most frequent diagnosis for admissions to these organizations; this disorder accounted for 21 to 22 percent of admissions to private psychiatric hospitals and 24 to 26 percent of admissions to non-Federal general hospitals. Alcohol-related disorders were the third most frequent diagnoses, representing 8 to 9 percent of admissions to private psychiatric hospitals and 7 to 8 percent of admissions to non-Federal general hospitals.
- In State and county mental hospitals, schizophrenia was the most frequent diagnosis; it accounted for 30 to 38 percent of admissions to these organizations between 1970 and 1980 (table 2.23). Alcohol-related disorders accounted for 22 to 28 percent of admissions, and affective disorders accounted for 11 to 13 percent of admissions to these organizations over this 10-year period.
- In State and county mental hospitals, percentage decreases occurred between 1970 and 1980 for admissions diagnosed with alcohol-related disorders, drug-related disorders, and organic disorders (table 2.23). In non-Federal general hospitals, the percentage decreased between 1971 and 1980 for admissions with drug-related disorders and organic disorders, but a significant change did not occur in the percentage of admissions with alcohol-related disorders. In private psychiatric hospitals, the percentage of admissions with organic disorders also decreased over the 10-year period; however, a significant change did not occur in the percentage of admissions with diagnoses of alcohol-related or drug-related disorders.
- The percentage of persons admitted to State and county mental hospitals and private psychiatric hospitals who were diagnosed with affective disorders increased between 1970 and 1980; no significant change occurred over this period in the percentage of admissions with affective disorders in non-Federal general hospitals (table 2.23).
- Between 1970 and 1980, the percentage of admissions with schizophrenia increased in State and county mental hospitals. However, significant changes did not occur in the percentage of admissions with schizophrenia for private psychiatric hospitals or non-Federal general hospitals (table 2.23).
- The overall median days of stay for admissions, excluding deaths, to State and county mental hospitals decreased from 41 days to 23 days between 1970 and 1980 (table 2.24; figure 2.7). In both private psychiatric hospitals and non-Federal general hospitals, the overall median days of stay remained relatively stable over this 10-year period.

- Comparisons over the 10-year period show considerable variation in median days of stay by age between 1970 and 1980 (table 2.24). In State and county mental hospitals, the median days of stay for admissions of all ages, except those 65 and over, decreased over the 10-year period. For elderly admissions (65 and over) in these organizations, the median days of stay remained stable during this period, while admissions in the 45 to 64 age group showed a slight increase in median days of stay between 1975 and 1980.
- By contrast, in private psychiatric hospitals, the median days of stay for admissions in the age groups under 18, 25 to 44, and 45 to 64 remained relatively stable between 1970 and 1980 (table 2.24). Admissions to these organizations in the 18 to 24 and the 65 and over age groups showed a slight decrease in median days of stay over this 10-year period.
- Similarly, the median days of stay for admissions to non-Federal general hospitals remained stable over the 10-year period for all age groups except for those under 18, whose median days of stay increased between 1970 and 1975 (table 2.24).
- For State and county mental hospitals, comparisons over the 10-year period show that the median days of stay decreased significantly between 1970 and 1980 for all diagnostic groups except drug-related disorders (table 2.24), which showed a stable median length of stay over this period. For admissions to these organizations with alcohol-related disorders and schizophrenia, the median days of stay decreased between 1970 and 1975 and remained stable between 1975 and 1980, while the median days of stay for admissions with organic disorders decreased between 1970 and 1975 and increased between 1975 and 1980.
- For private psychiatric hospitals, the median days of stay decreased between 1970 and 1980 for admissions diagnosed with organic disorders and schizophrenia (table 2.24). For admissions to these organizations with drug-related disorders, the median days of stay decreased between 1970 and 1975 and increased between 1975 and 1980, while the median days of stay for admissions with affective disorders remained stable over the 10-year period. Admissions to these organizations diagnosed with alcohol-related disorders showed an increase in median days of stay over the 10-year period, from 9 days in 1970 to 20 days in 1980.
- The median days of stay for admissions to non-Federal general hospitals remained stable between 1970 and 1980 irrespective of primary diagnosis (table 2.24).

Staffing

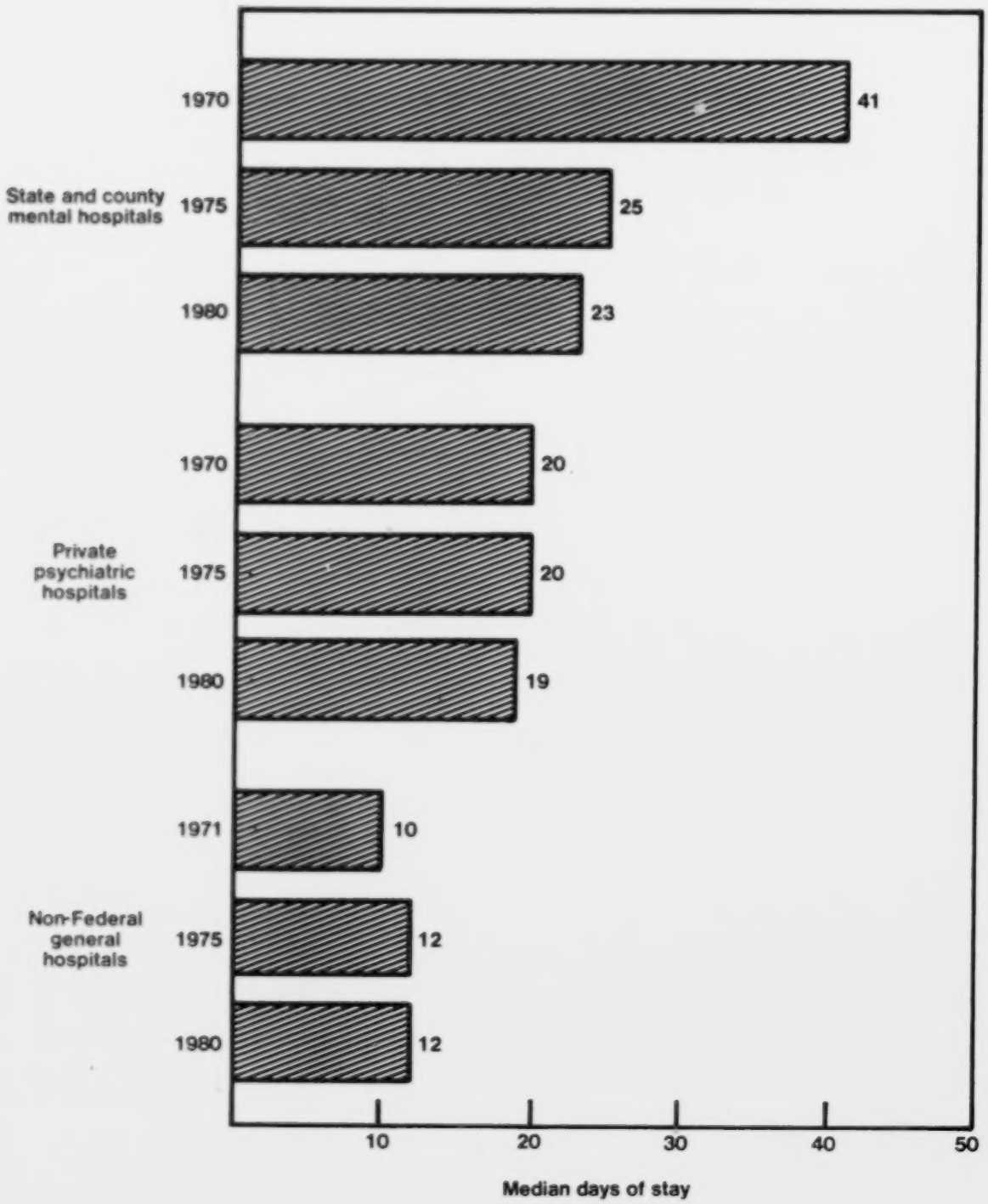
Tables 2.25a through 2.25f show the number of full-time equivalent (FTE) staff by staff discipline for selected organization types in selected years between 1972 and 1982. FTE staff is defined as the total number of hours worked by full-time, part-time, and trainee staff divided by 40 hours. Table 2.25, a summary table, shows aggregate data for the organization types displayed in tables 2.25a through 2.25f. The year 1972 has been omitted from table 2.25 because data on freestanding day/night organizations were not available for that year. VA medical centers were excluded because data were not available for 1982. In table 2.25e, which displays data for freestanding day/night organizations, the year 1974 is shown rather than 1972. For freestanding outpatient clinics (table 2.25d), day/night and multiservice organizations (table 2.25e), and general hospitals (table 2.25f), the data for 1982 are not comparable with data for other years due to reclassification of CMHCs by NIMH.

- In 1982, more than 390,000 FTE staff were employed in mental health organizations in the United States, exclusive of those employed in VA medical centers (table 2.25). This was substantially more FTE personnel than were reported for 1976 and 1978.
- The number of FTE patient care staff mirrored the overall trend in FTE total staff. Both FTE total staff and FTE patient care staff decreased slightly between 1976 and 1978, before reaching a peak in 1982.
- Numbers of FTE psychologists, social workers, and registered nurses, increased consistently between 1976 and 1982. However, both FTE psychiatrists and other physicians decreased between 1976 and 1978, before increasing in 1982 (table 2.25).
- The total FTE staff in State and county mental hospitals decreased from 223,886 to 190,266 (15 percent) in the period 1972 to 1982 (table 2.25a). During the same period, the number of FTE professional patient care staff rose from 38,516 to 48,224 (25 percent), while FTE other mental health workers decreased from 99,791 to 75,940 (24 percent). Thus, FTE professional patient care staff was actually increasing while FTE total staff was decreasing.

  In contrast to State and county mental hospitals, the total FTE staff in private psychiatric hospitals nearly doubled from 21,504 to 38,125 between 1972 and 1982. In this period, FTE professional

Figure 2.7

Median days of stay for admissions to selected inpatient psychiatric services: United States, selected years 1970-1980



patient care staff more than tripled, while FTE other mental health workers increased only 19 percent, from 5,594 to 6,680.

Tables 2.26a through 2.26f present number of staff by status (e.g., full-time, part-time, trainee) in selected organizations for 1982. Table 2.26, a summary table, presents aggregate data on patient care staff positions for the organizations detailed in tables 2.26a through 2.26e. VA medical centers were excluded from these tables because data were not available for 1982.

- Of the 303,268 patient care staff positions in all mental health organizations during 1982, 80 percent were employed full-time; 15 percent part-time; and 5 percent, as trainees, residents, or interns (table 2.26).
- The distribution of staff positions varied greatly by staff discipline (table 2.26). Approximately, 34 percent of psychiatrists were employed full-time, as compared with 65 percent of psychologists, 79 percent of social workers, and 90 percent of other patient care staff.
- The distribution of staff positions also varied greatly among the different types of organizations (tables 2.26a through 2.26f). For example, overall, only 46 percent of psychiatrists were employed part-time (table 2.26), as compared with 18 percent in State and county mental hospitals (table 2.26a) and 90 percent in residential treatment centers for emotionally disturbed children (table 2.26c).

Cost

The expenditures made by mental health organizations in providing services and administering programs increased substantially between 1969 and 1981, a period of historically high inflation. Expenditures include salaries, other operating expenses, and capital expenditures. To show the effects of inflation on expenditures by specialty mental health organizations, total expenditures and per capita expenditures are shown for each type of organization in current (table 2.27a) and constant (table 2.27b) dollars, based on the medical care component of the consumer price index (1969=100). These data are shown for selected years between 1969 and 1981. Due to reclassification of CMHCs beginning with the 1981 inventory, it is only possible to examine trends in expenditure data for certain types of organizations between 1969 and 1981.

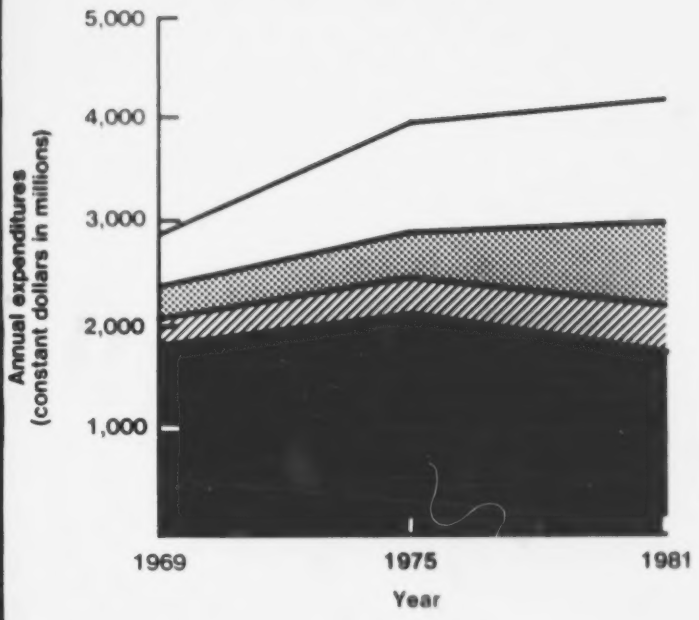
- Exclusive of VA medical centers, expenditures in current dollars (table 2.27a) for all organizations rose from $2.84 billion in 1969 to $10.69 billion (not shown) in 1981, an increase of about 276 percent. During the same period, the per capita expenditures in current dollars, exclusive of VA medical centers, increased from $14.27 to $46.94 (not shown), a rate of growth of approximately 229 percent.
- For each period shown between 1969 and 1981, both the total expenditures and the per capita expenditures in current dollars were higher than in the previous period (table 2.27a).
- Much of the increase in expenditures was due to inflation. Exclusive of VA medical centers, expenditures by all mental health organizations, as measured in constant dollars (table 2.27b and figure 2.8), rose only from $2.84 billion in 1969 to $4.19 billion in 1981 (51 percent), while per capita expenditures in constant dollars rose only from $14.27 to $18.41 (29 percent) between 1969 and 1981.
- For private psychiatric hospitals, total expenditures expressed in constant dollars increased consistently over the 12-year period (table 2.27b).
- For State and county mental hospitals, total expenditures in constant dollars decreased from $1.81 billion to $1.76 billion (not shown) between 1969 and 1981. In the earlier part of the period, between 1969 and 1975, the adjusted total expenditures for State and county mental hospitals increased from $1.81 billion to $2.14 billion (not shown), but subsequently decreased between 1975 and 1981 because of a decrease in the size of the resident patient population and the closing of hospitals.
- For residential treatment centers for emotionally disturbed children, total expenditures expressed in constant dollars increased for each year shown from 1969 to 1981 (table 2.27b).

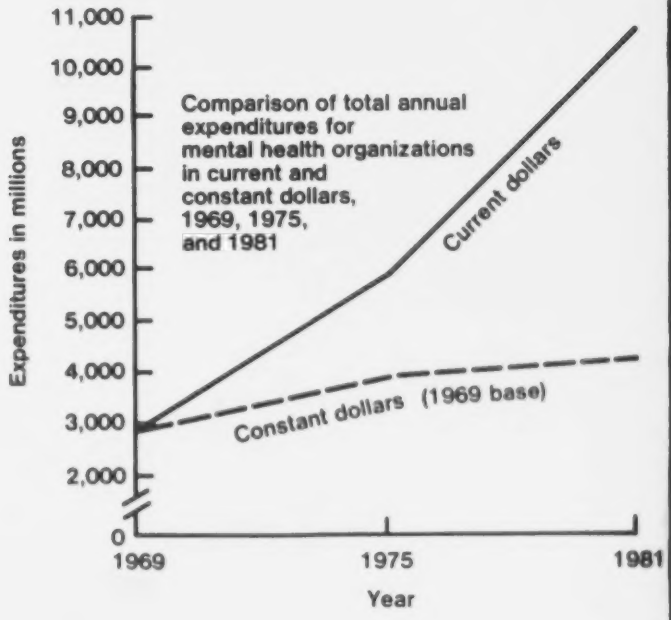
Reference

U.S. Bureau of the Census. Marital status and living arrangements: March 1980. In: *Current Population Reports*, Series P-20, No. 365. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1981.

Figure 2.8

Estimated annual expenditures (constant dollars), selected mental health organizations (excluding VA medical centers): United States, 1969, 1975, and 1981





Type of organization	(in millions)		
	1969	1975	1981
Total (excluding VA medical centers)	$2,843	$3,944	$4,192
State and county mental hospitals	1,814	2,142	1,762
Private psychiatric hospitals	220	314	437
General hospital psychiatric services	298	418	797
All other (excluding VA medical centers)	511	1,070	1,196

Table 2.1. Number and percent distribution of mental health organizations, by type of organization: United States, selected years 1970-82 [1]

Type of organization	1970	1976	1980	1982
	Number of mental health organizations			
All organizations	3,005	3,480	3,727	4,302
State and county mental hospitals	310	303	280	277
Private psychiatric hospitals	150	182	184	211
Non-Federal general hospitals with separate psychiatric services	797	870	923	1,531
VA psychiatric services [2]	115	126	136	129
Federally funded community mental health centers	196	517	691	–
Residential treatment centers for emotionally disturbed children	261	331	368	339
Freestanding psychiatric outpatient clinics	1,109	1,076	1,053	1,473
All other organizations [3]	67	75	92	342
	Percent distribution of mental health organizations			
All organizations	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	10.3	8.7	7.5	6.4
Private psychiatric hospitals	5.0	5.2	4.9	4.9
Non-Federal general hospitals with separate psychiatric services	26.5	25.0	24.8	35.7
VA psychiatric services [2]	3.8	3.6	3.6	3.0
Federally funded community mental health centers	6.5	14.9	18.5	–
Residential treatment centers for emotionally disturbed children	8.7	9.5	9.9	7.9
Freestanding psychiatric outpatient clinics	36.9	30.9	28.3	34.2
All other organizations [3]	2.3	2.2	2.5	7.9

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[2] Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[3] Includes freestanding psychiatric day/night organizations and multiservice mental health organizations with inpatient services that are not elsewhere classified.

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Table 2.1a. Number and percent distribution of mental health organizations providing inpatient services, by type of organization: United States, selected years 1970-82 [1]

Type of organization	1970	1976	1980	1982
	Number with inpatient services			
All organizations	1,734	2,273	2,526	2,305
State and county mental hospitals	310	303	280	277
Private psychiatric hospitals	150	182	184	211
Non-Federal general hospitals with separate psychiatric services	664	791	843	1,059
VA psychiatric services [2]	110	112	121	127
Federally funded community mental health centers	196	517	691	–
Residential treatment centers for emotionally disturbed children	261	331	368	339
Freestanding psychiatric outpatient clinics	–	–	–	–
All other organizations [3]	43	37	39	292
	Percent distribution of inpatient services			
All organizations	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	17.9	13.3	11.1	12.0
Private psychiatric hospitals	8.6	8.0	7.3	9.2
Non-Federal general hospitals with separate psychiatric services	38.3	34.8	33.4	45.9
VA psychiatric services [2]	6.3	4.9	4.8	5.5
Federally funded community mental health centers	11.3	22.8	27.4	–
Residential treatment centers for emotionally disturbed children	15.1	14.6	14.6	14.7
Freestanding psychiatric outpatient clinics	–	–	–	–
All other organizations [3]	2.5	1.6	1.5	12.7

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[2] Includes VA neuropsychiatric hospitals and VA general hospital psychiatric services.

[3] Includes freestanding psychiatric day/night organizations and multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.1b. Number and percent distribution of mental health organizations providing outpatient services, by type of organization: United States, selected years 1970-82 [1]

Type of organization	1970	1976	1980	1982
	Number with outpatient services			
All organizations	2,156	2,318	2,431	N.A.
State and county mental hospitals	195	147	100	91
Private psychiatric hospitals	100	60	54	70
Non-Federal general hospitals with separate psychiatric services	376	303	299	529
VA psychiatric services [2]	100	113	127	N.A.
Federally funded community mental health centers	196	517	691	–
Residential treatment centers for emotionally disturbed children	48	57	68	60
Freestanding psychiatric outpatient clinics	1,109	1,076	1,053	1,473
All other organizations [3]	32	45	39	292
	Percent distribution of outpatient services			
All organizations	100.0%	100.0%	100.0%	N.A.
State and county mental hospitals	9.1	6.3	4.1	N.A.
Private psychiatric hospitals	4.6	2.6	2.2	N.A.
Non-Federal general hospitals with separate psychiatric services	17.5	13.1	12.3	N.A.
VA psychiatric services [2]	4.6	4.9	5.2	N.A.
Federally funded community mental health centers	9.1	22.3	28.5	–
Residential treatment centers for emotionally disturbed children	2.2	2.5	2.8	N.A.
Freestanding psychiatric outpatient clinics	51.4	46.4	43.3	N.A.
All other organizations [3]	1.5	1.9	1.6	N.A.

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[2] Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[3] Includes freestanding psychiatric day/night organizations and multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.1c. Number and percent distribution of mental health organizations providing day treatment services, by type of organization: United States, selected years 1970-82 [1]

Type of organization	1970	1976	1980	1982
	Number with day treatment services			
All organizations	778	1,447	1,648	N.A.
State and county mental hospitals	113	118	83	62
Private psychiatric hospitals	74	77	68	71
Non-Federal general hospitals with separate psychiatric services	166	176	165	340
VA psychiatric services [2]	48	69	67	N.A.
Federally funded community mental health centers	196	517	691	–
Residential treatment centers for emotionally disturbed children	44	106	104	64
Freestanding psychiatric outpatient clinics	82	314	381	662
All other organizations [3]	55	70	89	290
	Percent distribution of day treatment services			
All organizations	100.0%	100.0%	100.0%	N.A.
State and county mental hospitals	14.5	8.2	5.1	N.A.
Private psychiatric hospitals	9.5	5.3	4.1	N.A.
Non-Federal general hospitals with separate psychiatric services	21.3	12.2	10.0	N.A.
VA psychiatric services [2]	6.2	4.8	4.1	N.A.
Federally funded community mental health centers	25.2	35.7	41.9	–
Residential treatment centers for emotionally disturbed children	5.7	7.3	6.3	N.A.
Freestanding psychiatric outpatient clinics	10.5	21.7	23.1	N.A.
All other organizations [3]	7.1	4.8	5.4	N.A.

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[2] Includes VA neuropsychiatric hospitals, VA general hospital psychiatric services, and VA psychiatric outpatient clinics.

[3] Includes freestanding psychiatric day/night organizations and multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.2. Number of inpatient beds, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1970-82 [2]

Type of organization	1970	1976	1980	1982
		Number of inpatient beds		
All organizations	524,878	338,963	274,713	247,312
State and county mental hospitals	413,066	222,202	156,482	140,140
Private psychiatric hospitals	14,295	16,091	17,157	19,011
Non-Federal general hospital psychiatric services	22,394	28,706	29,384	36,525
VA psychiatric services [3]	50,688	35,913	33,796	24,646
Federally funded community mental health centers	8,108	17,029	16,264	–
Residential treatment centers for emotionally disturbed children	15,129	18,029	20,197	18,475
All other organizations [4]	1,198	993	1,433	8,515
		Percent distribution of inpatient beds		
All organizations	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	78.7	65.6	57.0	56.6
Private psychiatric hospitals	2.7	4.7	6.2	7.7
Non-Federal general hospital psychiatric services	4.3	8.5	10.7	14.8
VA psychiatric services [3]	9.7	10.6	12.3	10.0
Federally funded community mental health centers	1.5	5.0	5.5	–
Residential treatment centers for emotionally disturbed children	2.9	5.3	7.4	7.5
All other organizations [4]	0.2	0.3	0.5	3.4
		Inpatient beds per 100,000 civilian population		
All organizations	263.6	160.9	124.3	108.1
State and county mental hospitals	207.4	105.1	70.2	61.2
Private psychiatric hospitals	7.2	7.6	7.7	8.3
Non-Federal general hospital psychiatric services	11.2	13.6	13.7	16.0
VA psychiatric services [3]	25.5	17.0	15.7	10.8
Federally funded community mental health centers	4.1	8.0	7.3	–
Residential treatment centers for emotionally disturbed children	7.6	8.5	9.1	8.1
All other organizations [4]	0.6	0.5	0.6	3.7

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the January 1 civilian population of the United States for each year.

[2] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals and VA general hospitals with separate psychiatric services.

[4] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.3. Number of inpatient additions, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969-81 [2]

Type of organization	1969	1975	1979	1981
	Number of inpatient additions			
All organizations	1,282,698	1,556,978	1,541,659	1,482,589
State and county mental hospitals	486,661	433,529	383,323	370,693
Private psychiatric hospitals	92,056	125,529	140,831	162,034
Non-Federal general hospital psychiatric services	478,000	543,731	551,190	648,205
VA psychiatric services [3]	135,217	180,701	180,416	162,884
Federally funded community mental health centers	59,730	236,226	246,409	–
Residential treatment centers for emotionally disturbed children	7,596	12,022	15,453	17,703
All other organizations [4]	23,438	25,240	24,037	121,070
	Percent distribution of inpatient additions			
All organizations	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	37.9	27.8	24.9	25.0
Private psychiatric hospitals	7.2	8.1	9.1	10.9
Non-Federal general hospital psychiatric services	37.3	34.9	35.8	43.7
VA psychiatric services [3]	10.5	11.6	11.7	11.0
Federally funded community mental health centers	4.7	15.2	16.0	–
Residential treatment centers for emotionally disturbed children	0.6	0.8	1.0	1.2
All other organizations [4]	1.8	1.6	1.6	8.2
	Inpatient additions per 100,000 civilian population			
All organizations	644.2	736.5	704.2	651.2
State and county mental hospitals	244.4	205.1	172.0	162.8
Private psychiatric hospitals	46.2	59.4	63.2	71.2
Non-Federal general hospital psychiatric services	240.1	257.2	256.7	284.7
VA psychiatric services [3]	67.9	85.5	84.0	71.5
Federally funded community mental health centers	30.0	111.7	110.6	–
Residential treatment centers for emotionally disturbed children	3.8	5.7	6.9	7.8
All other organizations [4]	11.8	11.9	10.8	53.2

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the July 1 civilian population of the United States for each year as provided by the U.S. Bureau of the Census and published in Series P-25 publications.

[2] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals and VA general hospitals with separate psychiatric services.

[4] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.4. Number of inpatient episodes, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969-81[2]

Type of organization	1969	1975	1979	1981
	Number of inpatient episodes			
All organizations	1,710,372	1,817,108	1,779,587	1,720,392
State and county mental hospitals	767,115	598,993	526,690	499,169
Private psychiatric hospitals	102,510	137,025	150,535	176,513
Non-Federal general hospital psychiatric services	535,493	565,696	571,725	676,941
VA psychiatric services[3]	186,913	214,264	217,507	205,580
Federally funded community mental health centers	65,000	246,891	254,283	–
Residential treatment centers for emotionally disturbed children	21,340	28,302	33,729	34,426
All other organizations[4]	32,001	25,937	25,113	127,763
	Percent distribution of inpatient episodes			
All organizations	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	44.9	33.0	29.6	29.0
Private psychiatric hospitals	6.0	7.5	8.5	10.3
Non-Federal general hospital psychiatric services	31.3	31.1	32.3	39.4
VA psychiatric services[3]	10.9	11.8	12.2	11.9
Federally funded community mental health centers	3.8	13.6	14.3	–
Residential treatment centers for emotionally disturbed children	1.2	1.6	1.9	2.0
All other organizations[4]	1.9	1.4	1.4	7.4
	Inpatient episodes per 100,000 civilian population			
All organizations	859.1	859.6	812.1	755.7
State and county mental hospitals	385.3	283.3	236.4	219.3
Private psychiatric hospitals	51.5	64.8	67.6	77.5
Non-Federal general hospital psychiatric services	269.0	267.6	266.3	297.3
VA psychiatric services[3]	93.9	101.4	101.3	90.3
Federally funded community mental health centers	32.6	116.8	114.1	–
Residential treatment centers for emotionally disturbed children	10.7	13.4	15.1	15.1
All other organizations[4]	16.1	12.3	11.3	56.1

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the July 1 civilian population of the United States for each year as provided by the U.S. Bureau of the Census and published in Series P-25 publications.

[2] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals and VA general hospitals with separate psychiatric services.

[4] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.5. Number of inpatient days in thousands, percent distribution, and rate per 1,000 civilian population,[1] by type of mental health organization: United States, selected years 1969-81 [2]

Type of organization	1969	1975	1979	1981
	Number of inpatient days in thousands			
All organizations	168,934	104,970	85,285	77,053
State and county mental hospitals	134,185	70,584	50,589	44,558
Private psychiatric hospitals	4,237	4,401	5,074	5,578
Non Federal general hospital psychiatric services	6,500	8,349	8,435	10,727
VA psychiatric services [3]	17,206	11,725	10,628	7,591
Federally funded community mental health centers	1,924	3,718	3,609	–
Residential treatment centers for emotionally disturbed children	4,528	5,900	6,531	6,127
All other organizations [4]	354	293	419	2,472
	Percent distribution of inpatient days			
All organizations	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	79.4	67.2	59.3	57.8
Private psychiatric hospitals	2.5	4.2	5.9	7.2
Non Federal general hospital psychiatric services	3.9	8.0	9.9	13.9
VA psychiatric services [3]	10.2	11.2	12.5	9.9
Federally funded community mental health centers	1.1	3.5	4.2	–
Residential treatment centers for emotionally disturbed children	2.7	5.6	7.7	8.0
All other organizations [4]	0.2	0.3	0.5	3.2
	Inpatient days per 1,000 civilian population			
All organizations	848.5	496.6	386.0	338.5
State and county mental hospitals	674.0	333.9	227.1	195.7
Private psychiatric hospitals	21.3	20.8	22.8	24.5
Non Federal general hospital psychiatric services	32.6	39.5	39.3	47.1
VA psychiatric services [3]	86.4	55.5	49.5	33.3
Federally funded community mental health centers	9.7	17.6	16.2	–
Residential treatment centers for emotionally disturbed children	22.7	27.9	29.3	26.9
All other organizations [4]	1.8	1.4	1.8	10.9

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the July 1 civilian population of the United States for each year as provided by the U.S. Bureau of the Census and published in Series P 25 publications.

[2] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals and VA general hospitals with separate psychiatric services.

[4] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.6. Average daily inpatient census and percent occupancy, by type of mental health organization: United States, selected years 1969-81 [1]

Type of organization	1969	1975	1979	1981
		Average daily inpatient census		
All organizations	468,831	287,588	233,384	211,024
State and county mental hospitals	367,629	193,380	138,600	122,073
Private psychiatric hospitals	11,608	12,058	13,901	15,281
Non-Federal general hospital psychiatric services	17,808	22,874	23,110	29,307
VA psychiatric services [2]	47,140	32,123	28,693	20,798
Federally funded community mental health centers	5,270	10,186	9,886	–
Residential treatment centers for emotionally disturbed children	12,406	16,164	18,054	16,786
All other organizations [3]	970	803	1,140	6,779
		Percent occupancy		
All organizations	88.2%	84.4%	85.0%	85.3%
State and county mental hospitals	89.4	87.0	88.6	87.1
Private psychiatric hospitals	81.2	74.9	81.0	80.4
Non-Federal general hospital psychiatric services	79.5	79.7	78.6	80.2
VA psychiatric services [2]	93.0	89.4	84.9	84.3
Federally funded community mental health centers	65.0	59.8	60.8	–
Residential treatment centers for emotionally disturbed children	82.0	89.7	89.4	90.9
All other organizations [3]	81.0	80.9	79.6	79.6

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization-program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[2] Includes VA neuropsychiatric hospitals and VA general hospitals with separate psychiatric services.

[3] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.7. Number of inpatients at the end of the year, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969-81 [2]

Type of organization	1969	1975	1979	1981
	Number of inpatients at end of year			
All organizations	471,451	284,158	230,216	214,065
State and county mental hospitals	369,969	193,436	140,355	125,246
Private psychiatric hospitals	20,963	33,576	12,921	15,123
Non-Federal general hospital psychiatric services	17,808	18,851	18,753	28,736
VA psychiatric services [3]	51,696	31,850	28,693	21,010
Federally funded community mental health centers	5,270	10,818	10,112	–
Residential treatment centers for emotionally disturbed children	13,689	16,307	18,276	16,761
All other organizations [4]	2,256	1,320	1,076	7,189
	Percent distribution of inpatients			
All organizations	100.0%	100.0%	100.0%	100.0%
State and county mental hospitals	78.4	68.1	61.0	58.5
Private psychiatric hospitals	2.3	4.1	5.6	7.1
Non-Federal general hospital psychiatric services	3.8	6.6	8.2	13.4
VA psychiatric services [3]	11.0	11.2	12.5	9.8
Federally funded community mental health centers	1.1	3.8	4.4	–
Residential treatment centers for emotionally disturbed children	2.9	5.7	7.9	7.8
All other organizations [4]	0.5	0.5	0.4	3.4
	Inpatients per 100,000 civilian population			
All organizations	236.8	134.4	103.9	93.5
State and county mental hospitals	185.8	91.5	63.0	54.7
Private psychiatric hospitals	5.5	5.5	5.8	6.6
Non-Federal general hospital psychiatric services	8.9	8.9	8.6	12.6
VA psychiatric services [3]	26.0	15.1	13.3	9.2
Federally funded community mental health centers	2.7	5.1	4.5	–
Residential treatment centers for emotionally disturbed children	6.8	7.7	8.2	7.3
All other organizations [4]	1.1	0.6	0.5	3.1

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the January 1 civilian population of the United States for each year.

[2] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals and VA general hospitals with separate psychiatric services.

[4] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.8. Number of outpatient additions, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969-81 [2]

Type of organization	1969	1975	1979	1981
	Number of outpatient additions			
All organizations	1,146,612	2,289,779	2,634,727	N.A.
State and county mental hospitals	164,232	146,078	81,919	73,265
Private psychiatric hospitals	25,540	32,879	30,004	69,660
Non-Federal general hospital psychiatric services	170,558	254,665	224,284	323,341
VA psychiatric services [3]	16,790	93,935	120,243	N.A.
Federally funded community mental health centers	176,659	784,638	1,222,305	–
Residential treatment centers for emotionally disturbed children	7,920	19,784	19,653	20,947
Freestanding psychiatric outpatient clinics	538,426	870,649	825,046	1,306,451
All other organizations [4]	46,487	87,151	111,273	541,846
	Percent distribution of outpatient additions			
All organizations	100.0%	100.0%	100.0%	N.A.
State and county mental hospitals	14.3	6.4	3.1	N.A.
Private psychiatric hospitals	2.2	1.4	1.1	N.A.
Non-Federal general hospital psychiatric services	14.9	11.1	8.5	N.A.
VA psychiatric services [3]	1.5	4.1	4.6	N.A.
Federally funded community mental health centers	15.4	34.3	46.5	–
Residential treatment centers for emotionally disturbed children	0.7	0.9	0.7	N.A.
Freestanding psychiatric outpatient clinics	47.0	38.0	31.3	N.A.
All other organizations [4]	4.0	3.8	4.2	N.A.
	Outpatient additions per 100,000 civilian population			
All organizations	575.9	1,083.2	1,188.4	N.A.
State and county mental hospitals	82.5	69.1	36.8	32.2
Private psychiatric hospitals	12.8	15.6	13.5	30.6
Non-Federal general hospital psychiatric services	85.7	120.5	104.5	142.0
VA psychiatric services [3]	8.4	44.4	56.0	N.A.
Federally funded community mental health centers	88.7	371.2	548.6	–
Residential treatment centers for emotionally disturbed children	4.0	9.4	8.8	9.2
Freestanding psychiatric outpatient clinics	270.4	411.8	370.3	573.9
All other organizations [4]	23.4	41.2	49.9	238.0

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the July 1 civilian population of the United States for each year as provided by the U.S. Bureau of the Census and published in Series P-25 publications.

[2] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals, VA general hospitals with separate psychiatric services, and VA psychiatric outpatient clinics.

[4] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.9. Number of day treatment additions, percent distribution, and rate per 100,000 civilian population,[1] by type of mental health organization: United States, selected years 1969-81 [2]

Type of organization	1969	1975	1979	1981
	Number of day treatment additions			
All organizations	55,486	163,326	172,331	N.A.
State and county mental hospitals	10,505	14,205	9,808	8,302
Private psychiatric hospitals	2,872	3,165	3,467	6,122
Non-Federal general hospital psychiatric services	18,094	14,216	12,724	38,084
VA psychiatric services [3]	3,500	7,788	6,978	N.A.
Federally funded community mental health centers	13,011	94,092	98,332	–
Residential treatment centers for emotionally disturbed children	671	3,431	2,519	2,232
Freestanding psychiatric outpatient clinics	4,387	21,928	29,587	59,988
All other organizations [4]	2,446	4,501	8,916	32,250
	Percent distribution of day treatment additions			
All organizations	100.0%	100.0%	100.0%	N.A.
State and county mental hospitals	18.9	8.7	5.7	N.A.
Private psychiatric hospitals	5.2	1.9	2.0	N.A.
Non-Federal general hospital psychiatric services	32.6	8.7	7.4	N.A.
VA psychiatric services [3]	6.3	4.8	4.0	N.A.
Federally funded community mental health centers	23.5	57.6	57.0	–
Residential treatment centers for emotionally disturbed children	1.2	2.1	1.5	N.A.
Freestanding psychiatric outpatient clinics	7.9	13.4	17.2	N.A.
All other organizations [4]	4.4	2.8	5.2	N.A.
	Day treatment additions per 100,000 civilian population			
All organizations	27.8	77.2	77.6	N.A.
State and county mental hospitals	5.3	6.7	4.4	3.6
Private psychiatric hospitals	1.4	1.5	1.6	2.7
Non-Federal general hospital psychiatric services	9.1	6.7	5.9	16.7
VA psychiatric services [3]	1.8	3.7	3.2	N.A.
Federally funded community mental health centers	6.5	44.5	44.1	–
Residential treatment centers for emotionally disturbed children	0.3	1.6	1.1	1.0
Freestanding psychiatric outpatient clinics	2.2	10.4	13.3	26.3
All other organizations [4]	1.2	2.1	4.0	14.2

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the July 1 civilian population of the United States for each year as provided by the U.S. Bureau of the Census and published in Series P-25 publications.

[2] For the most recent years shown in these tables (1981-82), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979-80 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979-80 and 1981-82 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals, VA general hospitals with separate psychiatric services, and VA psychiatric outpatient clinics.

[4] Includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 2.10a. Number, percent distribution, and rate per 100,000 civilian population [1] of admissions to State and county mental hospital inpatient services, by race, sex, and age: United States, 1980

Race and sex	Age					
	Total	Under 18	18-24	25-44	45-64	65+
			Number			
Total, all races	369,049	16,612	77,382	176,885	78,114	20,056
Male	239,400	11,498	55,647	118,613	42,729	10,913
Female	129,649	5,114	21,735	58,272	35,385	9,143
White	265,442	12,432	53,179	121,527	61,792	16,512
Male	171,341	8,477	38,191	82,034	33,403	9,236
Female	94,101	3,955	14,988	39,493	28,389	7,276
All other races	103,607	4,180	24,203	55,358	16,322	3,544
Male	68,059	3,021	17,456	36,579	9,326	1,677
Female	35,548	1,159	6,747	18,779	6,996	1,867
			Percent distribution			
Total, all races	100.0%	4.5	21.0	47.9	21.2	5.4
Male	100.0%	4.8	23.2	49.5	17.8	4.6
Female	100.0%	3.9	16.8	44.9	27.3	7.1
White	100.0%	4.7	20.0	45.8	23.3	6.2
Male	100.0%	4.9	22.3	47.9	19.5	5.4
Female	100.0%	4.2	15.9	42.0	30.2	7.7
All other races	100.0%	4.0	23.4	53.4	15.8	3.4
Male	100.0%	4.4	25.6	53.7	13.7	2.5
Female	100.0%	3.3	19.0	52.8	19.7	5.3
			Rate per 100,000 civilian population			
Total, all races	163.6	26.1	264.6	282.9	175.7	78.0
Male	219.8	35.4	387.9	388.1	202.3	105.3
Female	111.1	16.4	145.8	182.3	151.7	59.6
White	136.8	23.7	214.5	225.3	156.5	70.8
Male	182.2	31.5	311.4	307.9	176.9	98.5
Female	94.1	15.4	119.6	144.7	137.9	52.2
All other races	328.0	37.5	543.4	643.8	327.7	147.5
Male	457.8	53.7	838.0	931.7	416.5	168.7
Female	212.6	21.0	284.4	401.9	255.1	132.4

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 929, table 3, p. 19.
Note: Percentages may not add to 100% due to rounding.

Table 2.10b. Number, percent distribution, and rate per 100,000 civilian population [1] of admissions to private psychiatric hospital inpatient services, by race, sex, and age: United States, 1980

Race and sex	Age					
	Total	Under 18	18-24	25-44	45-64	65+
			Number			
Total, all races	141,209	16,735	23,282	55,696	31,580	13,916
Male	67,395	9,386	13,233	26,528	13,349	4,899
Female	73,814	7,349	10,049	29,168	18,231	9,017
White	123,051	14,735	19,674	46,898	28,902	12,842
Male	58,074	8,433	11,153	21,928	12,015	4,545
Female	64,977	6,302	8,521	24,970	16,887	8,297
All other races	18,158	2,000	3,608	8,798	2,678	1,074
Male	9,321	953	2,080	4,600	1,334	354
Female	8,837	1,047	1,528	4,198	1,344	720
			Percent distribution			
Total, all races	100.0%	11.9	16.5	39.4	22.4	9.9
Male	100.0%	13.9	19.6	39.4	19.8	7.3
Female	100.0%	10.0	13.6	39.5	24.7	12.2
White	100.0%	12.0	16.0	38.1	23.5	10.4
Male	100.0%	14.5	19.2	37.8	20.7	7.8
Female	100.0%	9.7	13.1	38.4	26.0	12.8
All other races	100.0%	11.0	19.9	48.5	14.7	5.9
Male	100.0%	10.2	22.3	49.4	14.3	3.8
Female	100.0%	11.8	17.3	47.5	15.2	8.1
			Rate per 100,000 civilian population			
Total, all races	62.6	26.3	79.6	89.1	71.0	54.1
Male	61.9	28.9	92.2	86.8	63.2	47.3
Female	63.3	23.6	67.4	91.2	78.1	58.8
White	63.4	28.1	79.3	87.0	73.2	55.1
Male	61.7	31.4	90.9	82.3	63.6	48.5
Female	65.0	24.6	68.0	91.5	82.0	59.5
All other races	57.5	17.9	81.0	102.3	53.8	44.7
Male	62.7	16.9	99.9	117.2	59.6	35.6
Female	52.8	19.0	64.4	89.8	49.0	51.1

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 929, table 3, p. 19.
Note: Percentages may not add to 100% due to rounding.

Table 2.10c. Number, percent distribution, and rate per 100,000 civilian population [1] of admissions to Veterans Administration medical center psychiatric inpatient services, by race, sex, and age: United States, 1980

Race and sex	Age [2]				
	Total	18-24	25-44	45-64	65+
			Number		
Total, all races	158,931	11,185	81,213	60,003	6,489
Male	154,583	10,464	79,246	58,580	6,293
Female	4,348	721	1,967	1,423	196
White	125,966	7,867	58,552	53,513	5,993
Male	122,390	7,200	57,185	52,173	5,832
Female	3,576	667	1,367	1,340	161
All other races	32,965	3,318	22,661	6,490	496
Male	32,193	3,264	22,061	6,407	461
Female	772	*	600	*	*
			Percent distribution		
Total, all races	100.0%	7.0	51.1	37.8	4.1
Male	100.0%	6.8	51.3	37.9	4.1
Female	100.0%	16.6	45.2	32.7	4.5
White	100.0%	6.2	46.5	42.5	4.8
Male	100.0%	5.9	46.7	42.6	4.8
Female	100.0%	18.7	38.2	37.5	4.5
All other races	100.0%	10.1	68.7	19.7	1.5
Male	100.0%	10.1	68.5	19.9	1.4
Female	100.0%	*	77.7	*	*
			Rate per 100,000 civilian population		
Total, all races	70.4	38.2	129.9	135.0	25.2
Male	141.9	72.9	259.3	277.3	60.7
Female	3.7	4.8	6.2	6.1	1.3
White	64.9	31.7	108.6	135.6	25.7
Male	130.1	58.7	214.7	276.3	62.2
Female	3.6	5.3	5.0	6.5	1.2
All other races	104.4	74.5	263.5	130.3	20.6
Male	216.6	156.7	561.9	286.2	46.4
Female	4.6	*	12.8	*	*

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 929, table 3, p. 19.
[2] An estimate of 41 white females under 18 years of age is not shown because it is based on five or fewer sample cases and does not meet standards of reliability.
*Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.
Note: Percentages may not add to 100% due to rounding.

Table 2.10d. Number, percent distribution, and rate per 100,000 civilian population [1] of discharges from non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980

Race and sex	Age					
	Total	Under 18	18-24	25-44	45-64	65+
			Number			
Total, all races	666,300	48,185	116,095	301,896	140,870	59,254
Male	301,010	22,338	61,523	141,044	52,942	23,163
Female	365,290	25,847	54,572	160,852	87,928	36,091
White	552,679	39,771	88,746	245,107	124,795	54,260
Male	249,204	19,052	47,031	114,226	48,171	20,724
Female	303,475	20,719	41,715	130,881	76,624	33,536
All other races	113,621	8,414	27,349	56,789	16,075	4,994
Male	51,806	3,286	14,492	26,818	4,771	2,439
Female	61,815	5,128	12,857	29,971	11,304	2,555
			Percent distribution			
Total, all races	100.0%	7.2	17.4	45.3	21.1	8.9
Male	100.0%	7.4	20.4	46.9	17.6	7.7
Female	100.0%	7.1	14.9	44.0	24.1	9.9
White	100.0%	7.2	16.1	44.3	22.6	9.8
Male	100.0%	7.6	18.9	45.8	19.3	8.3
Female	100.0%	6.8	13.7	43.1	25.2	11.1
All other races	100.0%	7.4	24.1	50.0	14.1	4.4
Male	100.0%	6.3	28.0	51.8	9.2	4.7
Female	100.0%	8.3	20.8	48.5	18.3	4.1
			Rate per 100,000 civilian population			
Total, all races	295.3	75.7	396.9	482.8	316.9	230.4
Male	276.4	68.7	428.9	461.5	250.6	223.4
Female	313.1	83.0	366.2	503.2	376.9	235.2
White	284.9	75.8	357.9	454.5	316.2	232.8
Male	265.0	70.8	383.5	428.8	255.1	221.1
Female	303.6	80.9	332.9	479.5	372.1	240.6
All other races	359.7	75.5	614.0	660.4	322.7	207.8
Male	348.5	58.4	695.7	683.1	213.1	245.4
Female	369.7	92.8	542.0	641.4	412.3	181.2

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 929, table 3, p. 19.
Note: Percentages may not add to 100% due to rounding.

Table 2.10e. Number, percent distribution, and rate per 100,000 civilian population [1] of discharges from public non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980

Race and sex	Age					
	Total	Under 18	18-24	25-44	45-64	65+
			Number			
Total, all races	127,372	10,420	22,833	57,223	28,469	8,427
Male	59,472	4,957	14,381	25,819	9,821	4,494
Female	67,900	5,463	8,452	31,404	18,648	3,933
White	97,233	7,824	15,778	43,872	22,427	7,332
Male	45,365	4,354	9,514	19,132	8,189	4,176
Female	51,868	34,709	6,264	24,740	14,238	3,156
All other races	30,139	2,596	7,055	13,351	6,042	[1],095
Male	14,107	603	4,867	6,687	*	*
Female	16,032	1,993	2,188	6,664	4,410	*
			Percent distribution			
Total, all races	100.0%	8.2	17.9	44.9	22.4	6.6
Male	100.0%	8.3	24.2	43.4	16.5	7.6
Female	100.0%	8.0	12.4	46.3	27.5	5.8
White	100.0%	8.0	16.2	45.1	23.1	7.5
Male	100.0%	9.6	21.0	42.2	18.1	9.2
Female	100.0%	6.7	12.1	47.7	27.5	6.1
All other races	100.0%	8.6	23.4	44.3	20.0	3.6
Male	100.0%	4.3	34.5	47.4	*	*
Female	100.0%	12.4	13.6	41.6	27.5	*
			Rate per 100,000 civilian population			
Total, all races	56.5	16.4	78.1	91.5	64.0	32.8
Male	54.6	15.2	100.2	84.5	46.5	43.3
Female	58.2	17.5	56.7	98.2	79.9	25.6
White	50.1	14.9	63.6	81.3	56.8	31.5
Male	48.2	16.2	77.6	71.8	43.4	44.5
Female	51.9	13.6	50.0	90.6	69.2	22.6
All other races	95.4	23.3	158.4	155.3	121.3	45.6
Male	94.9	10.7	233.7	170.3	*	*
Female	95.9	36.1	92.2	142.6	160.8	*

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 929, table 3, p. 19.

* Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100% due to rounding.

Table 2.10f. Number, percent distribution, and rate per 100,000 civilian population [1] of discharges from nonpublic non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980

Race and sex	Age					
	Total	Under 18	18-24	25-44	45-64	65+
			Number			
Total, all races	436,589	33,175	74,932	192,274	94,394	41,814
Male	195,198	15,401	38,019	88,719	36,462	16,597
Female	241,391	17,774	36,913	103,555	57,932	25,217
White	371,981	28,000	59,227	159,177	86,680	38,897
Male	167,520	13,183	31,344	73,950	34,413	14,630
Female	204,461	14,817	27,883	85,227	52,267	24,267
All other races	64,608	5,175	15,705	33,097	7,714	2,917
Male	27,678	2,218	6,675	14,769	*	1,967
Female	36,930	2,957	9,030	18,328	5,665	*
			Percent distribution			
Total, all races	100.0%	7.6	17.2	44.0	21.6	9.6
Male	100.0%	7.9	19.5	45.5	18.7	8.5
Female	100.0%	7.4	15.3	42.9	24.0	10.4
White	100.0%	7.5	15.9	42.8	23.3	10.5
Male	100.0%	7.9	18.7	44.1	20.5	8.7
Female	100.0%	7.2	13.6	41.7	25.6	11.9
All other races	100.0%	8.0	24.3	51.2	11.9	4.5
Male	100.0%	8.0	24.1	53.4	*	7.1
Female	100.0%	8.0	24.5	49.6	15.3	*
			Rate per 100,000 civilian population			
Total, all races	193.5	52.1	256.2	307.5	212.3	162.6
Male	179.2	47.4	265.0	290.3	172.6	160.1
Female	206.9	57.1	247.7	323.9	248.3	164.3
White	191.7	53.3	238.9	295.1	219.6	166.9
Male	178.1	49.0	255.6	277.6	182.2	156.1
Female	204.6	57.9	222.5	312.3	253.8	174.1
All other races	204.5	46.4	352.6	384.9	154.9	121.4
Male	186.2	39.4	320.5	376.2	*	197.9
Female	220.8	53.5	380.7	392.2	206.6	*

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 929, table 3, p. 19.

* Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100% due to rounding.

Table 2.10g. Number, percent distribution, and rate per 100,000 civilian population [1] of discharges from multiservice non-Federal general hospitals with separate psychiatric inpatient services, by race, sex, and age: United States, 1980

Race and sex	Age					
	Total	Under 18	18-24	25-44	45-64	65+
			Number			
Total, all races	102,339	4,590	18,330	52,399	18,007	9,013
Male	46,340	1,980	9,123	26,506	6,659	2,072
Female	55,999	2,610	9,207	25,893	11,348	6,941
White	83,465	3,947	13,741	42,058	15,688	8,031
Male	36,319	1,515	6,173	21,144	5,569	1,918
Female	47,146	2,432	7,568	20,914	10,119	6,113
All other races	18,874	643	4,589	10,341	2,319	982
Male	10,021	*	2,950	5,362	*	*
Female	8,853	*	1,639	4,979	1,229	828
			Percent distribution			
Total, all races	100.0%	4.5	17.9	51.2	17.6	8.8
Male	100.0%	4.3	19.7	57.2	14.4	4.5
Female	100.0%	4.7	16.4	46.2	20.3	12.4
White	100.0%	4.7	16.5	50.4	18.8	9.6
Male	100.0%	4.2	17.0	58.2	15.3	5.3
Female	100.0%	5.2	16.1	44.4	21.5	13.0
All other races	100.0%	3.4	24.3	54.8	12.3	5.2
Male	100.0%	*	29.4	53.5	*	*
Female	100.0%	*	18.5	56.2	13.9	9.4
			Rate per 100,000 civilian population			
Total, all races	45.4	7.2	62.7	83.8	40.5	35.1
Male	42.5	6.1	63.6	86.7	31.5	20.0
Female	48.0	8.4	61.8	81.0	48.6	45.2
White	43.0	7.5	55.4	78.0	39.7	34.5
Male	38.6	5.6	50.3	79.4	29.5	20.5
Female	47.2	9.5	60.4	76.6	49.1	43.9
All other races	59.8	5.8	103.0	120.3	46.6	40.9
Male	67.4	*	141.6	136.6	*	*
Female	52.9	*	69.1	106.5	44.8	58.7

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 929, table 3, p. 19.

* Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.

Note: Percentages may not add to 100% due to rounding.

Table 2.11. Percent distribution of admissions (14 years of age and older), by marital status, sex, and type of inpatient psychiatric service: United States, 1980

Marital status and sex	Inpatient psychiatric services						
	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals			
				Total	Public	Nonpublic	Multiservice
Both sexes	365,976	137,975	158,931	655,893	124,065	430,249	101,579
Married	20.9%	40.3%	30.2%	34.8%	31.9%	36.7%	30.3%
Never married	45.4	36.1	30.9	36.5	39.9	34.5	40.5
Widowed	5.2	7.0	3.2	6.6	5.4	6.9	6.7
Divorced	18.3	10.9	26.5	15.4	16.1	15.6	13.6
Separated	10.2	5.7	9.2	6.8	6.7	6.4	8.9
Male	236,773	65,156	154,583	296,492	57,710	192,747	46,035
Married	18.2%	36.1%	30.5%	32.7%	30.1%	34.6%	27.9%
Never married	51.5	44.3	31.0	45.4	50.0	42.9	50.2
Widowed	2.3	2.9	3.1	2.6	1.7	3.0	1.9
Divorced	18.1	10.7	26.4	13.4	12.4	14.0	11.9
Separated	9.8	6.0	9.1	5.9	5.8	5.4	8.1
Female	129,203	72,819	4,348	359,401	66,355	237,502	55,544
Married	25.7%	44.0%	22.6%	36.5%	33.4%	38.3%	32.3%
Never married	34.1	28.8	29.7	29.1	31.2	27.7	32.5
Widowed	10.4	10.7	6.9	9.9	8.6	10.0	10.6
Divorced	18.7	11.1	30.9	17.0	19.4	16.8	15.0
Separated	11.0	5.5	9.9	7.6	7.5	7.1	9.6

Note: Percentages may not add to 100% due to rounding.

Table 2.12. Percent distribution of admissions, by legal status [1] and type of inpatient psychiatric service: United States, 1980

Legal status	Inpatient psychiatric services					
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals			
			Total	Public	Nonpublic	Multiservice
Total	369,049	141,209	666,300	127,372	436,589	102,339
Voluntary	41.6%	87.4%	84.2%	67.5%	92.3%	70.8%
Involuntary: noncriminal	51.1	12.5	15.1	30.2	7.7	27.6
Involuntary: criminal	7.3	0.1	0.7	2.4	–	1.6

[1] Legal status was not collected in 1980 survey of VA medical centers.

Note: Percentages may not add to 100% due to rounding.

Table 2.13. Percent distribution of admissions, by veteran status and type of inpatient psychiatric service: United States, 1980

Veteran status	Inpatient psychiatric services						
	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals			
				Total	Public	Nonpublic	Multiservice
Total	369,049	141,209	158,931	666,300	127,372	436,589	102,339
Not a veteran	82.7%	86.2%	0.2%	89.4%	91.4%	89.0%	88.4%
Post Vietnam era	2.1	1.3	11.0	1.8	1.4	1.9	2.1
Vietnam era	5.0	4.0	41.9	4.2	2.5	4.6	4.5
Post Korean conflict	2.8	2.6	11.3	1.3	0.4	1.6	1.0
Korean conflict	2.8	2.1	13.8	1.4	0.9	1.4	1.7
WW II	3.4	4.1	24.8	2.5	3.1	2.4	2.4
WW I	*	*	0.5	*	–	*	*
Other	2.1	1.0	1.0	0.6	*	0.8	–

* Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.
Note: A veteran may have served during more than one era or conflict. Thus, percentages may add to more than 100%.

Table 2.14. Percent distribution of admissions, by expected principal source of payment,[1] age, and type of inpatient psychiatric service: United States, 1980

Expected principal source of payment and age	Inpatient psychiatric services					
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals			
			Total	Public	Nonpublic	Multiservice
Total all ages	369,049	141,209	666,300	127,372	436,589	102,339
No payment	46.5%	0.9%	3.6%	7.0%	1.9%	6.6%
Personal resources	15.2	4.1	6.8	8.5	5.9	8.4
Medicare	9.6	15.6	15.1	14.4	15.2	15.4
Insurance	9.5	62.5	42.9	30.9	48.9	32.4
Medicaid	8.3	6.9	23.1	24.7	22.0	26.0
Other	10.9	10.0	8.4	14.4	6.0	11.2
Under 65	348,993	127,293	607,046	118,945	394,775	93,326
No payment	48.2%	1.0%	4.0%	7.5%	2.1%	7.2%
Personal resources	15.2	4.3	7.3	9.1	6.4	9.0
Medicare	7.9	7.8	9.0	10.2	8.3	10.3
Insurance	9.9	68.4	46.0	32.3	52.9	34.1
Medicaid	7.5	7.4	24.7	26.1	23.7	27.3
Other	11.3	11.1	9.1	14.9	6.6	12.1
65 and over	20,056	13,916	59,254	8,427	41,814	9,013
No payment	17.1%	–	–	–	–	–
Personal resources	15.3	1.7	*	–	*	*
Medicare	39.0	86.6	78.1	75.1	80.8	68.7
Insurance	2.8	8.8	11.6	11.5	11.0	14.6
Medicaid	21.2	2.1	7.0	5.7	6.3	11.9
Other	4.6	0.8	1.9	*	*	2.5

[1] Expected principal source of payment was not collected in 1980 survey of VA medical centers.
* Five or fewer sample cases; estimate not shown because it does not meet standards of reliability.
Note: Percentages may not add to 100% due to rounding.

Table 2.15. Percent distribution of admissions, by prior inpatient mental health care and type of inpatient psychiatric service: United States, 1980

Prior inpatient mental health care	Inpatient psychiatric services						
	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals			
				Total	Public	Nonpublic	Multiservice
Total	369,049	141,209	158,931	666,300	127,372	436,589	102,339
First admissions [1]	20.3%	33.4%	14.3%	29.2%	27.9%	30.1%	27.1%
Readmissions [1]	79.7	66.6	85.7	70.8	72.1	69.9	72.9

[1] First admissions are defined as admissions with no prior inpatient psychiatric care, while readmissions are defined as admissions with prior inpatient psychiatric care.

Table 2.16. Percent distribution of admissions, by primary diagnoses and type of inpatient psychiatric service: United States, 1980

Primary diagnoses	Inpatient psychiatric services						
	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals			
				Total	Public	Nonpublic	Multiservice
Total	369,049	141,209	158,931	666,300	127,372	436,589	102,339
Alcohol-related	21.7%	9.3%	34.5%	7.6%	7.6%	7.5%	8.2%
Drug-related	4.8	2.9	5.1	2.9	2.8	3.0	2.8
Organic disorders	4.2	3.5	2.5	3.3	4.6	2.5	5.0
Affective disorders	13.4	42.9	14.4	31.1	25.6	33.5	28.0
Schizophrenia	38.0	21.2	29.9	25.2	31.7	21.7	32.0
Other psychoses	1.8	2.5	1.3	4.5	4.2	4.9	3.5
Anxiety/somatoform/ dissociative	0.5	3.4	2.8	3.5	2.2	4.2	2.5
Personality disorders	5.7	4.8	4.7	4.6	6.0	4.4	3.9
All other	10.0	9.5	4.7	17.2	15.3	18.5	14.0

Note: Percentages may not add to 100% due to rounding.

Table 2.17. Median days of stay in inpatient service for admissions (excluding deaths), by selected primary diagnoses and type of inpatient psychiatric service: United States, 1980

Selected primary diagnoses	Inpatient psychiatric services						
	State and county mental	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals			
				Total	Public	Nonpublic	Multiservice
Total	23	19	22	11	11	12	10
Alcohol-related	12	20	21	6	6	6	4
Drug-related	12	19	13	9	10	10	3
Organic disorders	71	17	33	14	12	16	14
Affective disorders	22	20	26	14	14	14	12
Schizophrenia	42	18	24	14	14	15	10
Other psychoses	22	20	15	11	11	12	7
Anxiety/somatoform/ dissociative	15	14	26	10	8	10	10
Personality disorders	13	17	19	9	8	11	7

Table 2.18. Median days of stay in inpatient service for admissions (excluding deaths), by age and type of inpatient psychiatric service: United States, 1980

Age	Inpatient psychiatric services						
	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals			
				Total	Public	Nonpublic	Multiservice
Total	23	19	22	11	11	12	10
Under 18	54	36	*	14	20	13	12
18-24	17	16	16	10	11	10	8
25-44	20	17	21	10	10	11	9
45-64	29	18	26	14	14	14	10
65 and over	61	20	32	17	16	17	16

* Based on five or fewer sample cases, therefore, median not shown.

Table 2.19. Median days of stay in inpatient service for admissions (excluding deaths), by selected expected principal source of payment [1] and type of inpatient psychiatric service: United States, 1980

Selected expected principal source of payment	Inpatient psychiatric services					
	State and county mental hospitals	Private psychiatric hospitals	Non-Federal general hospitals			
			Total	Public	Nonpublic	Multiservice
Total	23	19	1[illegible]	11	12	10
No payment	21	6	7	9	6	6
Personal resources	21	9	5	7	4	6
Medicare	32	18	15	12	16	12
Insurance	15	21	12	12	13	10
Medicaid	37	18	12	14	12	10

[1] Expected principal source of payment was not collected in 1980 survey of VA medical centers.

Table 2.20. Percent distribution of admissions, by type of treatment and type of inpatient psychiatric service: United States, 1980

Type of treatment	Inpatient psychiatric services						
	State and county mental hospitals	Private psychiatric hospitals	VA medical centers	Non-Federal general hospitals			
				Total	Public	Nonpublic	Multiservice
Total	369,049	141,209	158,931	666,300	127,372	436,589	102,339
Individual therapy	63.9%	93.6%	64.9%	89.2%	90.9%	89.3%	86.9%
Family/couple therapy	7.2	24.2	7.7	15.1	20.2	13.5	15.4
Group therapy	49.9	64.7	57.4	54.3	54.1	51.6	66.1
Drug therapy	65.2	64.3	51.9	70.1	71.5	69.8	69.3
Detoxification	15.8	9.9	23.5	6.7	6.7	6.9	5.4
Self-care skill training	16.3	15.2	13.1	15.6	18.0	15.2	14.5
Social skill training	25.8	31.8	22.0	30.3	36.7	29.2	27.3
Activity therapies	48.3	73.9	49.1	62.7	61.2	62.7	64.4
Other	23.7	20.7	23.4	15.8	18.7	16.0	11.6

Note: Patients may receive more than one type of treatment. Thus, percentages may add to more than 100%.

Table 2.21. Number, percent distribution, and rate per 100,000 civilian population [1] of admissions to selected inpatient psychiatric services, by sex and age: United States, selected years 1970-80

Sex and age	State and county mental hospitals			Private psychiatric hospitals			Non-Federal general hospitals [2]		
	1970	1975	1980	1970	1975	1980	1971	1975	1980
				Number					
Total	407,640	385,237	369,049	87,397	129,832	141,209	519,926	515,537	563,961
Under 18	26,352	25,252	16,612	6,452	15,426	16,735	44,135	42,690	43,595
18-24	76,800	71,841	77,382	12,139	19,476	23,282	90,640	93,239	97,765
25-44	159,084	165,970	176,885	31,590	47,169	55,696	221,775	220,266	249,497
45-64	110,760	101,615	78,114	27,155	34,844	31,580	127,237	121,202	122,863
65 and over	34,644	20,559	20,056	10,061	12,917	13,916	36,139	38,140	50,241
Male	240,480	248,937	239,400	35,791	55,706	67,395	239,829	211,569	254,670
Under 18	16,932	16,318	11,498	2,969	7,611	9,386	20,847	19,962	20,358
18-24	52,296	52,323	55,647	5,733	9,979	13,233	50,886	44,875	52,400
25-44	92,820	107,167	118,613	11,543	19,612	26,528	99,940	85,238	114,538
45-64	61,032	60,616	42,729	11,756	13,890	13,349	53,427	47,550	46,283
65 and over	17,400	12,513	10,913	3,790	4,614	4,899	14,736	13,944	21,091
Female	167,160	136,300	129,649	51,606	74,126	73,814	280,097	303,968	309,291
Under 18	9,420	8,934	5,114	3,483	7,815	7,349	23,295	22,728	23,237
18-24	24,504	19,518	21,735	6,406	9,497	10,049	39,754	48,364	45,365
25-44	66,264	58,803	58,272	20,047	27,557	29,168	121,835	135,028	134,959
45-64	49,728	40,999	35,385	15,399	20,954	18,231	73,810	73,652	76,580
65 and over	17,244	8,046	9,143	6,271	8,303	9,017	21,403	24,196	29,150
				Percent distribution					
Total	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	6.5	6.6	4.5	7.4	11.9	11.9	8.5	8.3	7.7
18-24	18.8	18.6	21.0	13.9	15.0	16.5	17.4	18.1	17.3
25-44	39.0	43.1	47.9	36.1	36.3	39.4	42.7	42.7	44.2
45-64	27.2	26.4	21.2	31.1	26.8	22.4	24.5	23.5	21.8
65 and over	8.5	5.3	5.4	11.5	9.9	9.9	7.0	7.4	8.9
Male	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	7.0	6.6	4.8	8.3	13.7	13.9	8.7	9.4	8.0
18-24	21.7	21.0	23.2	16.0	17.9	19.6	21.2	21.2	20.6
25-44	38.6	43.0	49.5	32.3	35.2	39.4	41.7	40.3	45.0
45-64	25.4	24.3	17.8	32.8	24.9	19.8	22.3	22.5	18.2
65 and over	7.2	5.0	4.6	10.6	8.3	7.3	6.1	6.6	8.3
Female	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Under 18	5.6	6.6	3.9	6.7	10.5	10.0	8.3	7.5	7.5
18-24	14.7	14.3	16.8	12.4	12.8	13.6	14.2	15.9	14.7
25-44	39.6	43.1	44.9	38.8	37.2	39.5	43.5	44.4	43.6
45-64	29.7	30.1	27.3	29.8	28.3	24.7	26.4	24.2	24.8
65 and over	10.3	5.9	7.1	12.2	11.2	12.2	7.6	8.0	9.4

See footnotes at end of table.

Table 2.21. Number, percent distribution, and rate per 100,000 civilian population [1] of admissions to selected inpatient psychiatric services, by sex and age: United States, selected years 1970-80 (continued)

Sex and age	State and county mental hospitals			Private psychiatric hospitals			Non-Federal general hospitals [2]		
	1970	1975	1980	1970	1975	1980	1971	1975	1980
	Rate per 100,000 civilian population								
Total	201.9	182.2	163.6	43.3	61.4	62.6	257.5	243.8	250.0
Under 18	37.8	38.1	26.1	9.3	23.3	26.3	63.3	64.4	68.5
18-24	338.3	271.8	264.6	53.5	73.7	79.6	399.3	352.8	334.2
25-44	335.4	314.1	282.9	66.6	89.3	89.1	467.6	416.8	399.0
45-64	264.2	233.5	175.7	64.8	80.1	71.0	303.5	278.5	276.4
65 and over	172.3	91.8	78.0	50.0	57.7	54.1	179.7	170.3	195.4
Male	247.3	243.7	219.8	36.8	54.5	61.9	246.6	207.1	233.8
Under 18	47.7	48.3	35.4	8.4	22.5	28.9	58.7	59.1	62.6
18-24	499.6	409.0	387.9	54.8	78.0	92.2	486.1	350.8	365.3
25-44	406.6	418.4	388.1	50.6	76.6	86.8	437.8	332.8	374.7
45-64	304.9	291.5	202.3	58.7	66.8	63.2	266.9	228.6	219.1
65 and over	206.8	136.4	105.3	45.0	50.3	47.3	175.2	152.0	203.4
Female	159.7	124.7	111.1	49.3	67.8	63.3	267.6	278.1	265.1
Under 18	27.5	27.5	16.4	10.2	24.1	23.6	68.1	70.0	74.6
18-24	200.3	143.1	145.8	52.4	69.6	67.4	325.0	354.6	304.4
25-44	269.3	215.9	182.3	81.5	101.2	91.2	495.2	495.8	422.2
45-64	227.0	180.5	151.7	70.3	92.3	78.1	336.9	324.3	328.2
65 and over	147.5	60.8	59.6	53.6	62.8	58.8	183.0	182.9	190.0

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 917, No. 614, and No. 929.

[2] Since multiservice non-Federal general hospitals were not included in the 1971 and 1975 surveys, they have been excluded from the 1980 figures presented in this table.

Note: Percentages may not add to 100% due to rounding.

Table 2.22. Number, percent distribution, and rate per 100,000 civilian population [1] of admissions to selected inpatient psychiatric services, by race and sex: United States, selected years 1970-80

Race and sex	State and county mental hospitals			Private psychiatric hospitals			Non-Federal general hospitals [2]		
	1970	1975	1980	1970	1975	1980	1971	1975	1980
					Number				
All races	407,640	385,237	369,049	87,397	129,832	141,209	519,926	515,537	563,961
Male	240,480	248,937	239,400	35,791	55,706	67,395	239,829	211,569	254,670
Female	167,160	136,300	129,649	51,606	74,126	73,814	280,097	303,968	309,291
White	317,496	296,151	265,442	83,522	119,356	123,051	438,614	450,992	469,214
Male	190,644	190,788	171,341	34,066	50,727	58,074	191,361	184,219	212,885
Female	126,852	105,363	94,101	49,456	68,629	64,977	247,253	266,773	256,329
All other races	90,144	89,086	103,607	3,875	10,476	18,158	81,312	64,545	94,747
Male	49,836	58,149	68,059	1,725	4,979	9,321	48,468	27,350	41,785
Female	40,308	30,937	35,548	2,150	5,497	8,837	32,844	37,195	52,962
					Percent distribution				
All races	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Male	59.0	64.6	64.9	41.0	42.9	47.7	46.1	41.0	45.2
Female	41.0	35.4	35.1	59.0	57.1	52.3	53.9	59.0	54.8
White	77.9	76.9	71.9	95.6	91.9	87.1	84.4	87.5	83.2
Male	46.8	49.5	46.4	39.0	39.1	41.1	36.8	35.7	37.7
Female	31.1	27.4	25.5	56.6	52.9	46.0	47.6	51.7	45.5
All other races	22.1	23.1	28.1	4.4	8.1	12.9	15.6	12.5	16.8
Male	12.2	15.1	18.4	2.0	3.8	6.6	9.3	5.3	7.4
Female	9.9	8.0	9.6	2.5	4.2	6.3	6.3	7.2	9.4
					Rate per 100,000 civilian population				
All races	201.9	182.2	163.6	43.3	61.4	62.6	257.5	243.8	250.0
Male	247.3	243.7	219.8	36.8	54.5	61.9	246.6	207.1	233.8
Female	159.7	124.7	111.1	49.3	67.8	63.3	267.6	278.1	265.1
White	179.5	161.1	136.8	47.2	64.9	63.4	248.0	245.6	241.8
Male	223.3	214.2	182.2	39.9	57.0	61.7	224.2	206.9	226.3
Female	138.7	111.2	94.1	54.1	72.5	65.0	270.3	281.7	256.4
All other races	359.7	321.9	328.0	15.5	37.9	57.5	324.4	233.3	300.0
Male	419.7	444.5	457.8	14.5	38.1	62.7	408.2	209.1	281.1
Female	305.6	212.0	212.6	16.3	37.7	52.8	249.0	254.9	316.7

[1] Population estimates used as denominators for rate computations are from the *Current Population Reports* of the U.S. Bureau of the Census, Series P-25, No. 917, No. 610, and No. 929.

[2] Since multiservice non-Federal general hospitals were not included in the 1971 and 1975 surveys, they have been excluded from the 1980 figures presented in this table.

Note: Percentages may not add to 100% due to rounding.

Table 2.23. Number and percent of total admissions to selected inpatient psychiatric services, by selected primary diagnoses: United States, selected years 1970-80

Selected primary diagnoses	Inpatient psychiatric services								
	State and county mental hospitals			Private psychiatric hospitals			Non-Federal general hospitals [1]		
	1970 [2]	1975	1980	1970 [2]	1975	1980	1971 [2]	1975	1980
	Number								
Alcohol-related	105,216	106,615	80,161	8,254	10,827	13,115	43,719	35,932	42,408
Drug-related	26,004	14,435	17,557	2,448	3,077	4,122	26,246	17,849	16,701
Organic disorders	35,988	20,372	15,378	4,171	5,195	4,962	23,538	18,981	16,657
Affective disorders	45,180	44,965	49,633	34,013	55,068	60,527	158,556	194,399	178,706
Schizophrenia	120,492	129,425	140,136	18,667	28,315	29,990	134,700	124,458	135,186
	Percent of total admissions								
Alcohol-related	25.8%	27.7%	21.7%	9.4%	8.3%	9.3%	8.4%	7.0%	7.5%
Drug-related	6.4	3.7	4.8	2.8	2.4	2.9	5.0	3.5	3.0
Organic disorders	8.8	5.3	4.2	4.8	4.0	3.5	4.5	3.7	3.0
Affective disorders	11.1	11.7	13.4	38.9	42.4	42.9	30.5	37.7	31.7
Schizophrenia	29.6	33.6	38.0	21.4	21.8	21.2	25.9	24.1	24.0

[1] Since multiservice non-Federal general hospitals were not included in the 1971 and 1975 surveys, they have been excluded from the 1980 figures presented in this table.
[2] Reported figures may differ from previously published figures for this year, since unknowns were not distributed in the data reported previously. For private psychiatric hospitals, data have been weighted; previously published 1970 data were unweighted.

Table 2.24. Median days of stay for admissions (excluding deaths) to selected inpatient psychiatric services, by age and selected primary diagnoses: United States, selected years 1970-80

Age and selected primary diagnoses	Inpatient psychiatric services								
	State and county mental hospitals [1]			Private psychiatric hospitals			Non-Federal general hospitals [2]		
	1970	1975 [3]	1980	1970	1975 [3]	1980	1971	1975 [3]	1980
Total	41	25	23	20	20	19	10	12	12
Under 18	74	66	54	36	36	36	9	17	14
18-24	34	27	17	24	22	16	8	10	10
25-44	37	23	20	18	17	17	10	11	11
45-64	42	21	29	17	18	18	11	14	14
65 and over	61	58	61	24	21	20	17	17	17
Alcohol-related	33	11	12	9	11	20	5	6	6
Drug-related	17	12	12	17	13	19	5	6	10
Organic disorders	78	63	71	26	18	17	12	14	14
Affective disorders	32	27	22	20	20	20	13	14	14
Schizophrenia	58	41	42	28	23	18	11	13	15

[1] The 1970 medians for State and county mental hospitals are based only on weighted reported data; missing values have been excluded. Thus, medians presented in this table may differ from those published previously.
[2] Since multiservice non-Federal general hospitals were not included in the 1971 and 1975 surveys, they have been excluded from the 1980 figures presented in this table.
[3] Reported median days of stay may differ from previously published medians for this year, since grouped days were used to calculate medians in 1975 and single days were used in 1980.

Table 2.25. Number and percent distribution of full-time equivalent staff positions in mental health organizations (excluding Veterans Administration medical centers), by discipline: United States, selected years 1976-82 [1]

Staff discipline	1976	1978	1982 [1,2]
		Number	
All staff	334,006	332,042	390,413
Patient care staff	226,530	225,206	271,224
Professional patient care staff	104,061	110,038	N.A.
Psychiatrists	11,576	10,501	13,586
Other physicians	2,551	2,336	2,802
Psychologists [3]	9,453	10,313	16,600
Social workers	17,515	19,185	29,621
Registered nurses	29,478	31,116	43,450
Other mental health professionals (B.A. & above)	26,165	29,599	
Physical health professionals and assistants	7,323	6,988	165,165
Other mental health workers (less than B.A.)	122,469	115,168	
Administrative, clerical, and maintenance staff	107,476	106,836	119,189
		Percent	
All staff	100.0%	100.0%	100.0%
Patient care staff	67.8	67.8	69.5
Professional patient care staff	31.1	33.1	N.A.
Psychiatrists	3.5	3.2	3.5
Other physicians	0.8	0.7	0.7
Psychologists [3]	2.8	3.1	4.3
Social workers	5.2	5.8	7.6
Registered nurses	8.8	9.3	11.1
Other mental health professionals (B.A. & above)	7.8	8.9	
Physical health professionals and assistants	2.2	2.1	42.3
Other mental health workers (less than B.A.)	36.7	34.7	
Administrative, clerical, and maintenance staff	32.2	32.2	30.5

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent year shown in this table, some organizations were reclassified as a result of changes in reporting procedures. For details, see appendix A.

[2] Since 1982 data were not available for non Federal general hospital psychiatric services, 1980 data were used; data for all other organization types are for 1982.

[3] For 1976-78, this category included all psychologists with a B.A. and above; for 1982, it includes only psychologists with an M.A. and above.

Table 2.25a. Number and percent distribution of full-time equivalent staff positions in State and county mental hospitals, by discipline: United States, selected years 1972-82 [1]

Staff discipline	1972	1976	1978	1982 [1]
			Number	
All staff	223,886	219,006	205,289	190,266
Patient care staff	138,307	141,127	131,187	124,164
Professional patient care staff	38,516	46,596	45,131	48,224
Psychiatrists	4,389	4,333	3,712	3,866
Other physicians	2,440	2,047	1,809	2,012
Psychologists [2]	2,484	3,039	3,149	3,196
Social workers	5,324	5,948	5,924	6,276
Registered nurses	13,353	15,098	14,859	15,613
Other mental health professionals (B.A. & above)	5,890	10,551	10,492	9,179
Physical health professionals and assistants	4,636	5,580	5,186	8,082
Other mental health workers (less than B.A.)	99,791	94,531	86,056	75,940
Administrative, clerical, and maintenance staff	85,579	77,879	74,102	66,102
			Percent	
All staff	100.0%	100.0%	100.0%	100.0%
Patient care staff	61.8	64.4	63.9	65.3
Professional patient care staff	17.3	21.2	21.9	25.3
Psychiatrists	2.0	2.0	1.8	2.0
Other physicians	1.1	0.9	0.9	1.1
Psychologists [2]	1.1	1.4	1.5	1.7
Social workers	2.4	2.7	2.9	3.3
Registered nurses	6.0	6.9	7.2	8.2
Other mental health professionals (B.A. & above)	2.6	4.8	5.1	4.8
Physical health professionals and assistants	2.1	2.5	2.5	4.2
Other mental health workers (less than B.A.)	44.5	43.2	42.0	40.0
Administrative, clerical, and maintenance staff	38.2	35.6	36.1	34.7

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent year shown in this table, some organizations were reclassified as a result of changes in reporting procedures. For details, see appendix A.

[2] For 1972-78, this category included all psychologists with a B.A. and above; for 1982, it includes only psychologists with an M.A. and above.

Table 2.25b. Number and percent distribution of full-time equivalent staff positions in private psychiatric hospitals, by discipline: United States, selected years 1972-82 [1]

Staff discipline	1972	1976	1978	1982 [1]
			Number	
All staff	21,504	27,655	29,972	38,125
Patient care staff	11,329	17,196	18,728	24,068
Professional patient care staff	5,735	9,879	11,419	17,388
Psychiatrists	1,067	1,369	1,285	1,446
Other physicians	101	162	185	225
Psychologists [2]	305	559	590	1,030
Social workers	418	784	920	1,774
Registered nurses	2,634	3,395	3,967	5,705
Other mental health professionals (B.A. & above)	857	2,794	3,644	5,629
Physical health professionals and assistants	353	816	828	1,579
Other mental health workers (less than B.A.)	5,594	7,317	7,309	6,680
Administrative, clerical, and maintenance staff	10,175	10,459	11,244	14,057
			Percent	
All staff	100.0%	100.0%	100.0%	100.0%
Patient care staff	52.7	62.2	62.6	63.1
Professional patient care staff	26.6	35.8	38.2	45.7
Psychiatrists	5.0	5.0	4.3	3.8
Other physicians	0.5	0.6	0.6	0.6
Psychologists [2]	1.4	2.0	2.0	2.7
Social workers	1.9	2.8	3.1	4.7
Registered nurses	12.2	12.3	13.2	15.0
Other mental health professionals (B.A. & above)	4.0	10.1	12.2	14.8
Physical health professionals and assistants	1.6	3.0	2.8	4.1
Other mental health workers (less than B.A.)	26.1	26.4	24.4	17.4
Administrative, clerical, and maintenance staff	47.3	37.8	37.4	36.9

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent year shown in this table, some organizations were reclassified as a result of changes in reporting procedures. For details, see appendix A.

[2] For 1972-78, this category included all psychologists with a B.A. and above; for 1982, it includes only psychologists with an M.A. and above.

Table 2.25c. Number and percent distribution of full-time equivalent staff positions in residential treatment centers for emotionally disturbed children, by discipline: United States, selected years 1972-82 [1]

Staff discipline	1972	1976	1978	1982 [1]
			Number	
All staff	17,025	19,352	22,443	22,494
Patient care staff	11,299	13,824	16,464	16,311
Professional patient care staff	6,738	8,990	10,824	10,901
Psychiatrists	147	149	140	153
Other physicians	34	27	22	38
Psychologists[2]	354	434	497	604
Social workers	1,653	1,778	2,196	2,100
Registered nurses	244	301	324	477
Other mental health professionals (B.A. & above)	4,177	6,072	7,359	6,948
Physical health professionals and assistants	129	229	286	581
Other mental health workers (less than B.A.)	4,561	4,834	5,640	5,410
Administrative, clerical, and maintenance staff	5,726	5,528	5,979	6,183
			Percent	
All staff	100.0%	100.0%	100.0%	100.0%
Patient care staff	66.4	71.4	73.3	72.5
Professional patient care staff	39.6	46.4	48.2	48.5
Psychiatrists	0.9	0.8	0.6	0.7
Other physicians	0.2	0.1	0.1	0.2
Psychologists[2]	2.1	2.2	2.2	2.7
Social workers	9.7	9.2	9.8	9.3
Registered nurses	1.4	1.6	1.4	2.1
Other mental health professionals (B.A. & above)	24.5	31.4	32.8	30.9
Physical health professionals and assistants	0.8	1.1	1.3	2.6
Other mental health workers (less than B.A.)	26.8	25.1	25.1	24.0
Administrative, clerical, and maintenance staff	33.6	28.6	26.7	27.5

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent year shown in this table, some organizations were reclassified as a result of changes in reporting procedures. For details, see appendix A.

[2] For 1972-78, this category included all psychologists with a B.A. and above; for 1982, it includes only psychologists with an M.A. and above.

Table 2.25d. Number and percent distribution of full-time equivalent staff positions in freestanding outpatient psychiatric clinics, by discipline: United States, selected years 1972-82 [1]

Staff discipline	1972	1976	1978	1982 [1]
			Number	
All staff	15,780	23,099	26,502	48,076
Patient care staff	11,157	16,706	18,945	32,800
Professional patient care staff	10,021	14,536	16,505	28,537
Psychiatrists	1,456	1,449	1,413	1,952
Other physicians	97	76	65	119
Psychologists [2]	2,498	3,704	4,115	6,093
Social workers	4,246	5,755	6,513	10,653
Registered nurses	522	830	882	2,162
Other mental health professionals (B.A. & above)	1,133	2,509	3,282	6,858
Physical health professionals and assistants	69	213	235	700
Other mental health workers (less than B.A.)	1,136	2,170	2,440	4,263
Administrative, clerical, and maintenance staff	4,623	6,393	7,557	15,276
			Percent	
All staff	100.0%	100.0%	100.0%	100.0%
Patient care staff	70.7	72.3	71.4	68.2
Professional patient care staff	63.4	62.9	62.2	59.5
Psychiatrists	9.2	6.3	5.3	4.1
Other physicians	0.6	0.3	0.2	0.2
Psychologists [2]	15.8	16.0	15.5	12.7
Social workers	26.9	24.9	24.6	22.2
Registered nurses	3.3	3.6	3.3	4.5
Other mental health professionals (B.A. & above)	7.2	10.9	12.4	14.3
Physical health professionals and assistants	0.4	0.9	0.9	1.5
Other mental health workers (less than B.A.)	7.3	9.4	9.2	8.7
Administrative, clerical, and maintenance staff	29.3	27.7	28.6	31.8

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent year shown in this table, some organizations were reclassified as a result of changes in reporting procedures. For details, see appendix A.

[2] For 1972-78, this category included all psychologists with a B.A. and above; for 1982, it includes only psychologists with an M.A. and above.

Table 2.25e. Number and percent distribution of full-time equivalent staff positions in freestanding day/night and multiservice organizations, by discipline: United States, selected years 1974-82[1]

Staff discipline	1974	1976	1978	1982 [1]
			Number	
All staff	4,994	5,273	6,928	32,895
Patient care staff	3,674	3,708	4,916	23,824
Professional patient care staff	2,858	2,829	3,758	17,953
Psychiatrists	359	343	368	1,187
Other physicians	30	59	18	113
Psychologists [2]	313	361	450	2,883
Social workers	733	735	1,080	4,505
Registered nurses	436	409	473	2,199
Other mental health professionals (B.A. & above)	845	845	1,239	5,990
Physical health professionals and assistants	142	77	130	1,076
Other mental health workers (less than B.A.)	816	879	1,158	5,871
Administrative, clerical, and maintenance staff	1,319	1,565	2,012	9,071
			Percent	
All staff	100.0%	100.0%	100.0%	100.0%
Patient care staff	73.5	70.3	71.0	72.4
Professional patient care staff	57.2	53.6	54.3	54.6
Psychiatrists	7.2	6.5	5.3	3.6
Other physicians	0.6	1.1	0.3	0.3
Psychologists [2]	6.3	6.8	6.5	8.8
Social workers	14.7	13.9	15.6	13.7
Registered nurses	8.7	7.8	6.8	6.7
Other mental health professionals (B.A. & above)	16.9	16.0	17.9	18.2
Physical health professionals and assistants	2.8	1.5	1.9	3.3
Other mental health workers (less than B.A.)	16.3	16.7	16.7	17.8
Administrative, clerical, and maintenance staff	26.5	29.7	29.0	27.6

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent year shown in this table, some organizations were reclassified as a result of changes in reporting procedures. For details see appendix A.

[2] For 1974-78, this category included all psychologists with a B.A. and above; for 1982, it includes only psychologists with an M.A. and above.

Table 2.25f. Number and percent distribution of full-time equivalent staff positions in non-Federal general hospitals, by discipline: United States, selected years 1972-80

Staff discipline	1972	1976	1978	1980
			Number	
All staff	30,982	39,621	40,908	58,557
Patient care staff	25,835	33,969	34,966	50,057
Professional patient care staff	15,565	21,231	22,401	N.A.
Psychiatrists	3,394	3,933	3,583	4,982
Other physicians [1]	452	180	237	295
Psychologists [2]	1,100	1,356	1,512	2,794
Social workers	1,904	2,515	2,552	4,313
Registered nurses	6,922	9,445	10,611	17,294
Other mental health professionals (B.A. & above)	1,519	3,394	3,583	20,379
Physical health professionals and assistants	274	408	323	
Other mental health workers (less than B.A.)	10,270	12,738	12,565	
Administrative, clerical, and maintenance staff	5,147	5,652	5,942	8,500
			Percent	
All staff	100.0%	100.0%	100.0%	100.0%
Patient care staff	83.4	85.7	85.5	85.5
Professional patient care staff	50.3	53.5	54.8	N.A.
Psychiatrists	11.0	9.9	8.8	8.5
Other physicians [1]	1.5	0.5	0.6	0.5
Psychologists [2]	3.6	3.4	3.7	4.8
Social workers	6.1	6.3	6.2	7.4
Registered nurses	22.3	23.8	25.9	29.5
Other mental health professionals (B.A. & above)	4.9	8.6	8.8	34.8
Physical health professionals and assistants	0.9	1.0	0.8	
Other mental health workers (less than B.A.)	33.1	32.2	30.7	
Administrative, clerical, and maintenance staff	16.6	14.3	14.5	14.5

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For 1980, these data were estimated based on 1978 data.

[2] For 1972-78, this category included all psychologists with a B.A. and above; for 1980, it includes only psychologists with an M.A. and above.

Table 2.26. Number and percent distribution of patient care staff positions in mental health organizations, excluding Veterans Administration medical centers, by discipline and employment status: United States, August 1982 [1]

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents, and interns
	Number			
Patient care staff	303,268	244,009	45,347	13,912
Psychiatrists	20,704	7,107	9,508	4,089
Other physicians	4,218	1,775	1,807	636
Psychologists	20,816	13,526	4,827	2,463
Social workers	34,439	27,287	5,391	1,761
Registered nurses	48,305	37,646	8,486	2,173
Other patient care staff	174,786	156,668	15,328	2,790
	Percent			
Patient care staff	100.0%	80.4	15.0	4.6
Psychiatrists	100.0%	34.3	46.0	19.7
Other physicians	100.0%	42.1	42.8	15.1
Psychologists	100.0%	65.0	23.2	11.8
Social workers	100.0%	79.2	15.7	5.1
Registered nurses	100.0%	77.9	17.6	4.5
Other patient care staff	100.0%	89.6	8.8	1.6

[1] Since data for non-Federal general hospital psychiatric services were not available for August 1982, data as of November 1980 were used for this organization type only.

Table 2.26a. Number and percent distribution of staff positions in State and county mental hospitals, by discipline and employment status: United States, August 1982

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents, and interns
		Number		
All staff	196,663	187,237	7,081	2,345
Patient care staff	128,422	121,225	4,960	2,237
Professional patient care staff	51,285	45,914	3,825	1,546
Psychiatrists	4,466	2,958	804	704
Other physicians	2,575	1,608	791	176
Psychologists	3,461	2,873	301	287
Social workers	6,513	6,201	238	74
Registered nurses	16,346	15,202	1,010	134
Other mental health professionals (B.A. & above)	9,527	9,180	265	82
Physical health professionals and assistants	8,397	7,892	416	89
Other mental health workers (less than B.A.)	77,137	75,311	1,135	691
Administrative, clerical, and maintenance staff	68,241	66,012	2,121	108
		Percent		
All staff	100.0%	95.2	3.6	1.2
Patient care staff	100.0%	94.4	3.9	1.7
Professional patient care staff	100.0%	89.5	7.5	3.0
Psychiatrists	100.0%	66.2	18.0	15.8
Other physicians	100.0%	62.5	30.7	6.8
Psychologists	100.0%	83.0	8.7	8.3
Social workers	100.0%	95.2	3.7	1.1
Registered nurses	100.0%	93.0	6.2	0.8
Other mental health professionals (B.A. & above)	100.0%	96.3	2.8	0.9
Physical health professionals and assistants	100.0%	93.9	5.0	1.1
Other mental health workers (less than B.A.)	100.0%	97.6	1.5	0.9
Administrative, clerical, and maintenance staff	100.0%	96.7	3.1	0.2

Table 2.26b. Number and percent distribution of staff positions in private psychiatric hospitals, by discipline and employment status: United States, August 1982

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents, and interns
	Number			
All staff	43,561	33,016	9,634	911
Patient care staff	27,932	20,211	6,831	890
Professional patient care staff	20,347	14,365	5,108	874
Psychiatrists	1,866	796	640	430
Other physicians	463	82	236	145
Psychologists	1,239	759	309	171
Social workers	1,970	1,556	381	33
Registered nurses	6,718	4,742	1,941	35
Other mental health professionals (B.A. & above)	6,237	5,029	1,159	49
Physical health professionals and assistants	1,854	1,401	442	11
Other mental health workers (less than B.A.)	7,585	5,846	1,723	16
Administrative, clerical, and maintenance staff	15,629	12,805	2,803	21
	Percent			
All staff	100.0%	75.8	22.1	2.1
Patient care staff	100.0%	72.3	24.5	3.2
Professional patient care staff	100.0%	70.6	25.1	4.3
Psychiatrists	100.0%	42.7	34.3	23.0
Other physicians	100.0%	17.7	51.0	31.3
Psychologists	100.0%	61.3	24.9	13.8
Social workers	100.0%	79.0	19.3	1.7
Registered nurses	100.0%	70.6	28.9	0.5
Other mental health professionals (B.A. & above)	100.0%	80.6	18.6	0.8
Physical health professionals and assistants	100.0%	75.6	23.8	0.6
Other mental health workers (less than B.A.)	100.0%	77.1	22.7	0.2
Administrative, clerical, and maintenance staff	100.0%	82.0	17.9	0.1

Table 2.26c. Number and percent distribution of staff positions in residential treatment centers for emotionally disturbed children, by discipline and employment status: United States, August 1982

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents, and interns
	Number			
All staff	24,843	20,541	3,998	304
Patient care staff	17,968	14,763	2,919	286
Professional patient care staff	12,220	9,995	2,020	205
Psychiatrists	469	39	422	8
Other physicians	162	10	150	2
Psychologists	783	495	238	50
Social workers	2,301	2,043	196	62
Registered nurses	557	386	167	4
Other mental health professionals (B.A. & above)	7,270	6,495	696	79
Physical health professionals and assistants	678	527	151	—
Other mental health workers (less than B.A.)	5,748	4,768	899	81
Administrative, clerical, and maintenance staff	6,875	5,778	1,079	18
	Percent			
All staff	100.0%	82.7	16.1	1.2
Patient care staff	100.0%	82.2	16.2	1.6
Professional patient care staff	100.0%	81.8	16.5	1.7
Psychiatrists	100.0%	8.3	90.0	1.7
Other physicians	100.0%	6.2	92.6	1.2
Psychologists	100.0%	63.2	30.4	6.4
Social workers	100.0%	88.8	8.5	2.7
Registered nurses	100.0%	69.3	30.0	0.7
Other mental health professionals (B.A. & above)	100.0%	89.3	9.6	1.1
Physical health professionals and assistants	100.0%	77.7	22.3	—
Other mental health workers (less than B.A.)	100.0%	83.0	15.6	1.4
Administrative, clerical, and maintenance staff	100.0%	84.0	15.7	0.3

Table 2.26d. Number and percent distribution of staff positions in freestanding outpatient psychiatric clinics, by discipline and employment status: United States, August 1982

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents, and interns
	Number			
All staff	59,217	42,811	13,606	2,800
Patient care staff	42,025	28,417	10,984	2,624
Professional patient care staff	37,001	24,508	10,080	2,413
Psychiatrists	4,446	886	3,277	283
Other physicians	334	35	260	39
Psychologists	8,069	5,093	2,176	800
Social workers	13,013	9,598	2,692	723
Registered nurses	2,465	1,872	441	152
Other mental health professionals (B.A. & above)	7,904	6,436	1,067	401
Physical health professionals and assistants	770	588	167	15
Other mental health workers (less than B.A.)	5,024	3,909	904	211
Administrative, clerical, and maintenance staff	17,192	14,394	2,622	176
	Percent			
All staff	100.0%	72.3	23.0	4.7
Patient care staff	100.0%	67.7	26.1	6.2
Professional patient care staff	100.0%	66.3	27.2	6.5
Psychiatrists	100.0%	19.9	73.7	6.4
Other physicians	100.0%	10.5	77.8	11.7
Psychologists	100.0%	63.1	27.0	9.9
Social workers	100.0%	73.7	20.7	5.6
Registered nurses	100.0%	75.9	17.9	6.2
Other mental health professionals (B.A. & above)	100.0%	81.4	13.5	5.1
Physical health professionals and assistants	100.0%	76.4	21.7	1.9
Other mental health workers (less than B.A.)	100.0%	77.8	18.0	4.2
Administrative, clerical, and maintenance staff	100.0%	83.7	15.3	1.0

Table 2.26e. Number and percent distribution of staff positions in freestanding day/night and multiservice organizations, by discipline and employment status: United States, August 1982

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents, and interns
	Number			
All staff	37,774	29,873	6,818	1,083
Patient care staff	27,761	21,321	5,401	1,039
Professional patient care staff	21,240	15,920	4,410	910
Psychiatrists	2,046	663	1,200	183
Other physicians	292	25	237	30
Psychologists	3,346	2,526	577	243
Social workers	5,060	4,174	643	243
Registered nurses	2,549	1,972	523	54
Other mental health professionals (B.A. & above)	6,712	5,575	997	140
Physical health professionals and assistants	1,235	985	233	17
Other mental health workers (less than B.A.)	6,521	5,601	991	129
Administrative, clerical, and maintenance staff	10,013	8,552	1,417	44
	Percent			
All staff	100.0%	79.1	18.0	2.9
Patient care staff	100.0%	76.8	19.5	3.7
Professional patient care staff	100.0%	74.9	20.8	4.3
Psychiatrists	100.0%	32.4	58.7	8.9
Other physicians	100.0%	8.5	81.2	10.3
Psychologists	100.0%	75.5	17.2	7.3
Social workers	100.0%	82.5	12.7	4.8
Registered nurses	100.0%	77.4	20.5	2.1
Other mental health professionals (B.A. & above)	100.0%	83.0	14.9	2.1
Physical health professionals and assistants	100.0%	79.7	18.9	1.4
Other mental health workers (less than B.A.)	100.0%	82.8	15.2	2.0
Administrative, clerical, and maintenance staff	100.0%	85.4	14.2	0.4

Table 2.26f. Number and percent distribution of patient care staff positions in non-Federal general hospitals with psychiatric services, by discipline and employment status: United States, November 1980

Staff discipline	Employment status			
	All staff	Full-time	Part-time	Students, trainees, residents, and interns
	Number			
Patient care staff	59,160	38,072	14,252	6,836
Psychiatrists	7,411	1,765	3,165	2,481
Other physicians	392	15	133	244
Psychologists	3,918	1,780	1,226	912
Social workers	5,582	3,715	1,241	626
Registered nurses	19,670	13,472	4,404	1,794
Other patient care staff	22,187	17,325	4,083	779
	Percent			
Patient care staff	100.0%	64.3	24.1	11.6
Psychiatrists	100.0%	23.8	42.7	33.5
Other physicians	100.0%	3.8	33.9	62.3
Psychologists	100.0%	45.4	31.3	23.3
Social workers	100.0%	66.6	22.2	11.2
Registered nurses	100.0%	68.5	22.4	9.1
Other patient care staff	100.0%	78.1	18.4	3.5

Table 2.27a. Total expenditures in current dollars, percent distribution, and expenditures per capita civilian population,[1] by type of mental health organization: United States, selected years 1969-81 [2]

Type of organization	1969	1975	1979	1981
	Total expenditures in thousands of dollars			
All organizations	$3,292,563	$6,564,312	$8,763,795	N.A.
State and county mental hospitals	1,814,101	3,185,049	3,756,754	$4,492,606
Private psychiatric hospitals	220,026	466,720	743,037	1,113,764
Non-Federal general hospital psychiatric services	298,000	621,284	722,868	2,032,532
VA psychiatric services [3]	450,000	699,027	848,469	N.A.
Federally funded community mental health centers	143,491	775,580	1,480,890	–
Residential treatment centers for emotionally disturbed children	122,711	278,950	436,246	529,588
Freestanding psychiatric outpatient clinics	185,517	421,557	588,690	1,553,703
All other organizations [4]	58,717	116,145	186,841	963,154
	Percent distribution of total expenditures			
All organizations	100.0%	100.0%	100.0%	N.A.
State and county mental hospitals	55.1	48.5	42.9	N.A.
Private psychiatric hospitals	6.7	7.1	8.5	N.A.
Non-Federal general hospital psychiatric services	9.0	9.5	8.2	N.A.
VA psychiatric services [3]	13.7	10.6	9.7	N.A.
Federally funded community mental health centers	4.4	11.8	16.9	–
Residential treatment centers for emotionally disturbed children	3.7	4.3	5.0	N.A.
Freestanding psychiatric outpatient clinics	5.6	6.4	6.7	N.A.
All other organizations [4]	1.8	1.8	2.1	N.A.
	Expenditures per capita civilian population			
All organizations	$ 16.53	$ 31.05	$ 39.61	N.A.
State and county mental hospitals	9.11	15.06	16.86	$ 19.73
Private psychiatric hospitals	1.10	2.21	3.34	4.89
Non-Federal general hospital psychiatric services	1.50	2.94	3.37	8.93
VA psychiatric services [3]	2.26	3.31	3.95	N.A.
Federally funded community mental health centers	.72	3.67	6.65	–
Residential treatment centers for emotionally disturbed children	.62	1.32	1.96	2.33
Freestanding psychiatric outpatient clinics	.93	1.99	2.64	6.82
All other organizations [4]	.29	.55	.84	4.23

Sources: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] For the most recent years shown in these tables (1981), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979 and 1981 data and those from earlier years. For details, see appendix A.

[2] Includes VA neuropsychiatric hospitals and VA general hospitals with separate psychiatric services.

[3] Includes freestanding psychiatric day/night organizations and multiservice mental health organizations with inpatient services that are not elsewhere classified.

[4] The population used in the calculation of these rates is the July 1 civilian population of the United States for each year as provided by the U.S. Bureau of the Census and published in Series P-25 publications.

Table 2.27b. Total expenditures in constant dollars (1969),[1] percent distribution, and expenditures per capita civilian population,[2] by type of mental health organization: United States, selected years 1969-81 [3]

Type of organization	1969	1975	1979 [4]	1981
	Total expenditures in thousands of dollars			
All organizations	$ 3,292,563	$ 4,414,465	$ 4,145,593	N.A.
State and county mental hospitals	1,814,101	2,141,929	1,777,083	$ 1,762,497
Private psychiatric hospitals	220,026	313,867	351,484	436,942
Non-Federal general hospital psychiatric services	298,000	417,810	341,943	797,384
VA psychiatric services [5]	450,000	470,092	401,357	N.A.
Federally funded community mental health centers	143,491	521,574	700,516	–
Residential treatment centers for emotionally disturbed children	122,711	187,592	206,360	207,763
Freestanding psychiatric outpatient clinics	185,517	283,495	278,472	609,534
All other organizations [6]	58,717	78,106	88,383	377,855
	Percent distribution of total expenditures			
All organizations	100.0%	100.0%	100.0%	N.A.
State and county mental hospitals	55.1	48.5	42.9	N.A.
Private psychiatric hospitals	6.7	7.1	8.5	N.A.
Non-Federal general hospital psychiatric services	9.2	9.5	8.2	N.A.
VA psychiatric services [5]	13.6	10.6	9.7	N.A.
Federally funded community mental health centers	4.3	11.8	16.9	–
Residential treatment centers for emotionally disturbed children	3.7	4.3	5.0	N.A.
Freestanding psychiatric outpatient clinics	5.6	6.4	6.7	N.A.
All other organizations [6]	1.8	1.8	2.1	N.A.
	Expenditures per capita civilian population			
All organizations	$ 16.53	$ 20.88	$ 19.37	N.A.
State and county mental hospitals	9.11	10.13	7.98	$ 7.74
Private psychiatric hospitals	1.10	1.48	1.58	1.92
Non-Federal general hospital psychiatric services	1.50	1.98	1.89	3.50
VA psychiatric services [5]	2.26	2.22	2.21	N.A.
Federally funded community mental health centers	.72	2.47	3.14	–
Residential treatment centers for emotionally disturbed children	.62	.89	.92	.91
Freestanding psychiatric outpatient clinics	.93	1.34	1.25	2.68
All other organizations [6]	.29	.37	.40	1.66

Source: Published and unpublished data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] Based on the medical care components of the consumer price index (1969=100.0). Indices for other years are 1975 (148.7), 1979 (211.6), and 1981 (254.9) provisional.

[2] For the most recent year shown in these tables (1981), some organizations were reclassified as a result of changes in reporting procedures, and data for some organization/program types were not available. For the 1979 year, comparable data were not available for certain organization types and data for either an earlier or a later period were substituted. These factors influence the comparability of 1979 and 1981 data and those from earlier years. For details, see appendix A.

[3] Includes VA neuropsychiatric hospitals, VA general hospitals with separate psychiatric services, and VA freestanding psychiatric outpatient clinics.

[4] Figures for all organizations, non-Federal general hospital psychiatric services, and VA psychiatric services were erroneously reported in table 2.12b of *Mental Health Statistical Note 168*. The figures have been corrected in this table; therefore, they will not agree with the figures published previously.

[5] Includes freestanding psychiatric day/night organizations and multiservice mental health organizations with separate services that are not elsewhere classified.

[6] The population used in the calculation of these rates is the civilian population of the United States as of July 1 for each year as provided by the Bureau of the Census and published in Series P-25 publications.

Chapter 3

State Mental Health Service Delivery Systems—Selected Characteristics

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In conjunction with the development of national data, such as that shown in chapter 2, the Survey and Reports Branch (SRB), Division of Biometry and Epidemiology (DBE), National Institute of Mental Health (NIMH) has developed State tabulations of the data collected through the mental health inventories. In recent years, these State data have become increasingly important for managers of State mental health agencies so that they may compare their program statistics with those of other States and with national totals. In addition, State legislators and budget officers are increasingly asking program administrators for information about programs in other States for comparative purposes. Although all State populations, programs, services, and funding patterns differ somewhat, the State mental health program directors have identified enough similarities between their State and one or two others to make statistical comparisons.

In recognition of the increased need for State data, State tables for 1981-82 (similar to the tables for 1979-80 published in *Mental Health, United States, 1983*) are presented in this chapter. The Survey and Reports Branch, DBE, is engaged in collaborative efforts with the National Association of State Mental Health Program Directors (NASMHPD) to produce more comprehensive comparative State data for future years. A description of these cooperative endeavors is provided below.

The present data are based on information collected through two NIMH inventories conducted by SRB, DBE, with the cooperation of the State mental health agencies, as follows:

(1) 1980 data for non-Federal general hospital psychiatric services and Veterans Administration (VA) medical centers from the Inventory of General Hospital Psychiatric Services; and

(2) 1981 data for State and county mental hospitals, private psychiatric hospitals, freestanding psychiatric outpatient clinics, freestanding psychiatric day/night organizations, residential treatment centers for emotionally disturbed children (RTCs), and other multiservice mental health organizations from the Inventory of Mental Health Organizations.

Prior to 1981, federally funded community mental health centers (CMHCs) were funded in part through NIMH-initiated categorical grants to the individual CMHCs. With the initiation of the Alcohol, Drug Abuse, and Mental Health Services Block Grant to the States, NIMH no longer monitored formerly federally funded CMHCs. Instead, NIMH reclassified these organizations into other organization types according to the types of services they directly controlled and administered. As a result of this reclassification, most organizations formerly classified as federally funded CMHCs were reclassified as freestanding psychiatric outpatient clinics, non-Federal general hospital psychiatric services, and multiservice mental health organizations. The term "community mental health center" is not used in the tables. (For further information, see appendix A.)

Future editions of *Mental Health, United States* may include a more comprehensive set of State tabulations based on the collaborative data now being collected through the National Reporting Program (NRP) and the Mental Health Statistics Improvement Program (MHSIP). The MHSIP is a cooperative State and Federal program. Its purpose is to upgrade information systems and statistical services so they are more responsive to the needs for data at all levels of government. Under the direction of an ad hoc advisory group comprised of representatives from State and Federal agencies, the program has developed and documented a process for recording and reporting

information at the provider level to enable local, State, and Federal agencies to administer, manage, and study mental health services and programs. Central to this effort is the development and adoption of minimum, uniform data elements to facilitate reporting and to permit inter-State comparisons of mental health services and programs.

With direct involvement of NASMHPD and its membership, a major effort has been initiated by the States to collect and report comparable data and to design State-by-State tabulations for future reports. The mechanism for this joint data collection is the 1983-84 Inventory of Mental Health Organizations, implemented in July 1984. In conjunction with an MHSIP Implementation Task Force, comprised of State and Federal representatives, a series of reference tables is being developed. As soon as the results from this inventory are available, an expanded set of comparative State tables will be made available to each State.

Nine basic tables make up this chapter. Data have been adjusted to include estimates for organizations that did not report. The first set of tables (3.1) reports the number of mental health organizations, by type, for the United States and for each State. This set also reports the number of organizations in each State that provide inpatient services (table 3.1a), outpatient services (table 3.1b), and day treatment services (table 3.1c). These data are reported for 1982.

Table 3.2 presents the total U.S. and State expenditures for all mental health organizations combined and for each type of organization, with percentage distributions across the different types of organizations. Expenditure data are reported for 1981.

Tables 3.3 through 3.8 are based on data reported by organizations that provide inpatient services and are presented as follows:

- Number of inpatient beds, by type of organization and State. To facilitate comparisons among States, these data also are reported as rates in the form of number of beds per 100,000 civilian population (table 3.3).
- Number of inpatient additions and rate per 100,000 civilian population, by type of organization and State (table 3.4).
- Number of inpatient episodes and rate per 100,000 civilian population, by type of organization and State (table 3.5).
- Number of inpatient days and rate per 1,000 civilian population, by type of organization and State (table 3.6).
- Average daily inpatient census and percent occupancy, by type of organization and State (table 3.7).
- Number of inpatients at the end of the year and rate per 100,000 civilian population, by type of organization and State (table 3.8).

The final table in this chapter, table 3.9, reports outpatient additions and rate per 100,000 civilian population, by type of organization and State.

Table 3.1. Number of mental health organizations, by type of organization and State: United States, January 1982

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp. psychiatric services [1]	VA medical centers [1]	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric day/night organizations	All other organizations [2]
Total, U.S.	277	211	1,531	129	339	1,473	50	292
Alabama	4	3	22	2	2	11	–	12
Alaska	1	–	2	–	–	20	–	1
Arizona	1	2	21	3	7	11	–	10
Arkansas	1	–	12	1	2	10	1	8
California	6	30	145	10	36	107	10	31
Colorado	2	5	23	3	14	12	–	8
Connecticut	8	6	36	1	13	27	1	4
Delaware	2	1	3	1	1	5	–	1
Dist. of Col.	1	1	11	1	1	6	–	1
Florida	6	16	55	4	4	35	1	21
Georgia	8	10	31	2	2	21	–	11
Hawaii	1	–	9	–	1	8	1	1
Idaho	2	–	4	1	2	8	–	–
Illinois	14	6	75	5	15	92	8	8
Indiana	7	2	29	2	5	12	–	15
Iowa	5	–	30	2	4	31	–	–
Kansas	4	2	22	2	2	21	–	3
Kentucky	5	2	22	2	3	7	1	10
Louisiana	5	4	17	3	3	22	–	2
Maine	2	–	13	1	4	5	–	5
Maryland	7	6	32	3	6	35	1	2
Massachusetts	9	9	57	4	28	48	3	16
Michigan	11	8	60	3	19	77	–	10
Minnesota	5	–	37	2	11	23	–	6
Mississippi	2	1	12	2	–	8	–	5
Missouri	8	2	42	4	11	24	–	6
Montana	1	–	8	–	1	4	–	1
Nebraska	3	1	6	2	1	11	–	2
Nevada	2	–	8	1	2	2	–	1
New Hampshire	1	1	8	–	3	9	–	1
New Jersey	10	3	43	2	5	51	5	4
New Mexico	1	1	6	1	4	10	–	4
New York	32	12	118	10	23	153	5	4
North Carolina	5	5	36	4	9	20	–	21
North Dakota	1	–	7	–	–	7	–	–
Ohio	18	8	85	4	19	90	1	8
Oklahoma	4	4	17	1	1	53	–	4
Oregon	2	1	18	2	7	41	2	1
Pennsylvania	16	14	102	6	6	95	6	4
Rhode Island	1	2	6	2	2	12	–	–
South Carolina	4	1	18	2	2	18	–	–
South Dakota	1	–	6	3	2	6	–	4
Tennessee	5	7	23	4	–	27	1	2
Texas	10	13	74	7	14	27	–	14
Utah	1	–	14	1	2	5	–	4
Vermont	1	1	4	1	3	3	–	6
Virginia	10	13	28	3	7	32	–	5
Washington	2	3	18	3	8	39	1	–
West Virginia	4	2	11	2	2	13	–	1
Wisconsin	14	3	44	3	17	47	2	4
Wyoming	1	–	1	1	3	12	–	–

[See footnotes at end of table 3.1a.]

Table 3.1a. Number of mental health organizations providing inpatient services, by type of organization and State: United States, January 1982

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp. psychiatric services [1]	VA medical centers[1]	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric day/night organizations	All other organizations [2]
Total, U.S.	277	211	1,059	127	339	–	–	292
Alabama	4	3	17	2	2	–	–	12
Alaska	1	–	1	–	–	–	–	1
Arizona	1	2	13	3	7	–	–	10
Arkansas	1	–	7	1	2	–	–	8
California	6	30	89	10	36	–	–	31
Colorado	2	5	13	3	14	–	–	8
Connecticut	8	6	22	2	13	–	–	4
Delaware	2	1	3	–	1	–	–	1
Dist. of Col.	1	1	9	1	1	–	–	1
Florida	6	16	38	4	4	–	–	21
Georgia	8	10	23	2	2	–	–	11
Hawaii	1	–	4	–	1	–	–	1
Idaho	2	–	2	–	2	–	–	–
Illinois	14	6	53	5	15	–	–	8
Indiana	7	2	21	2	5	–	–	15
Iowa	5	–	21	2	4	–	–	–
Kansas	4	2	16	2	2	–	–	3
Kentucky	5	2	16	2	3	–	–	10
Louisiana	5	4	12	3	3	–	–	2
Maine	2	–	8	1	4	–	–	5
Maryland	7	6	22	3	6	–	–	2
Massachusetts	9	9	37	4	28	–	–	16
Michigan	11	8	42	3	19	–	–	10
Minnesota	5	–	26	2	11	–	–	6
Mississippi	2	1	6	2	–	–	–	5
Missouri	8	2	30	4	11	–	–	6
Montana	1	–	6	–	1	–	–	1
Nebraska	3	1	4	2	1	–	–	2
Nevada	2	–	5	1	2	–	–	1
New Hampshire	1	1	3	–	3	–	–	1
New Jersey	10	3	36	2	5	–	–	4
New Mexico	1	1	4	1	4	–	–	4
New York	32	12	84	10	23	–	–	4
North Carolina	5	5	27	4	9	–	–	21
North Dakota	1	–	6	–	–	–	–	–
Ohio	18	8	60	4	19	–	–	8
Oklahoma	4	4	12	1	1	–	–	4
Oregon	2	1	10	2	7	–	–	1
Pennsylvania	16	14	72	6	6	–	–	4
Rhode Island	1	2	4	1	2	–	–	–
South Carolina	4	1	13	2	2	–	–	–
South Dakota	1	–	4	3	2	–	–	4
Tennessee	5	7	16	4	–	–	–	2
Texas	10	13	54	7	18	–	–	14
Utah	1	–	8	1	2	–	–	4
Vermont	1	1	2	1	3	–	–	6
Virginia	10	13	21	3	7	–	–	5
Washington	2	3	17	3	8	–	–	–
West Virginia	4	2	8	2	2	–	–	1
Wisconsin	14	3	32	3	17	–	–	4
Wyoming	1	–	–	1	3	–	–	–

See footnotes at end of table 3.1a.

Table 3.1b. Number of mental health organizations providing outpatient services, by type of organization and State: United States, January 1982

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp. psychiatric services [1]	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric day/night organizations	All other organizations [2]
Total, U.S.	91	70	529	60	1,473	1	291
Alabama	—	—	3	—	11	—	12
Alaska	—	—	—	—	20	—	1
Arizona	—	1	10	2	11	—	10
Arkansas	1	—	3	2	10	—	8
California	1	9	42	3	107	1	31
Colorado	2	3	4	2	12	—	8
Connecticut	1	1	24	3	27	—	4
Delaware	1	—	2	—	5	—	1
Dist. of Col.	1	1	4	—	6	—	1
Florida	1	7	7	—	35	—	21
Georgia	—	1	5	1	21	—	11
Hawaii	—	—	3	—	8	—	1
Idaho	—	—	—	1	8	—	—
Illinois	1	—	27	1	92	—	8
Indiana	2	2	8	—	12	—	15
Iowa	3	—	7	1	31	—	—
Kansas	1	2	4	—	21	—	3
Kentucky	1	1	6	—	7	—	10
Louisiana	—	—	4	1	22	—	2
Maine	—	—	4	—	5	—	5
Maryland	2	5	15	1	35	—	2
Massachusetts	1	3	33	1	48	—	15
Michigan	5	2	19	1	77	—	10
Minnesota	—	—	15	1	23	—	6
Mississippi	—	—	5	—	8	—	5
Missouri	8	1	13	2	24	—	6
Montana	—	—	1	—	4	—	1
Nebraska	—	1	3	—	11	—	2
Nevada	1	—	1	2	2	—	1
New Hampshire	—	—	2	1	9	—	1
New Jersey	2	2	20	—	51	—	4
New Mexico	—	—	2	2	10	—	4
New York	29	—	75	9	153	—	4
North Carolina	2	2	7	1	20	—	21
North Dakota	—	—	—	—	7	—	—
Ohio	—	2	24	7	90	—	8
Oklahoma	3	3	4	1	53	—	4
Oregon	—	—	9	1	41	—	1
Pennsylvania	—	7	41	2	95	—	4
Rhode Island	—	2	3	1	12	—	—
South Carolina	1	—	3	—	18	—	—
South Dakota	—	—	—	—	6	—	4
Tennessee	3	5	6	—	27	—	2
Texas	9	3	20	2	27	—	14
Utah	—	—	5	—	5	—	4
Vermont	—	1	1	1	3	—	6
Virginia	1	1	6	2	32	—	5
Washington	—	1	6	5	39	—	—
West Virginia	—	1	4	—	13	—	1
Wisconsin	8	—	18	—	47	—	4
Wyoming	—	—	1	—	12	—	—

See footnotes at end of table 3.1c.

Table 3.1c. Number of mental health organizations providing day treatment services, by type of organization and State: United States, January 1982

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp. psychiatric services [1]	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric day/night organizations	All State other organizations [2]
Total, U.S.	62	71	340	64	662	50	240
Alabama	–	–	4	–	9	–	10
Alaska	–	–	–	–	2	–	–
Arizona	–	2	8	2	1	–	8
Arkansas	–	–	2	1	6	1	8
California	–	12	35	6	47	10	24
Colorado	2	4	3	1	10	–	7
Connecticut	–	6	14	7	4	1	2
Delaware	1	–	1	–	1	–	–
Dist. of Col.	1	1	2	1	3	–	1
Florida	1	8	10	–	17	1	15
Georgia	–	3	4	1	11	–	7
Hawaii	–	–	–	1	6	1	–
Idaho	–	–	–	–	7	–	–
Illinois	1	1	14	2	40	8	6
Indiana	–	2	9	–	8	–	15
Iowa	–	–	4	–	3	–	–
Kansas	2	1	5	–	6	–	2
Kentucky	–	–	2	–	6	1	8
Louisiana	–	–	4	–	9	–	2
Maine	–	–	–	1	3	–	5
Maryland	2	2	8	3	11	1	1
Massachusetts	1	3	16	2	15	3	11
Michigan	2	–	11	1	40	–	9
Minnesota	–	–	15	3	6	–	6
Mississippi	–	–	4	–	7	–	5
Missouri	3	–	7	2	5	–	3
Montana	–	–	2	–	4	–	1
Nebraska	1	1	2	–	7	–	1
Nevada	1	–	3	1	1	–	1
New Hampshire	–	–	2	1	8	–	1
New Jersey	1	–	15	–	29	5	4
New Mexico	–	–	–	1	2	–	3
New York	24	2	40	6	38	5	4
North Carolina	1	1	1	–	18	–	21
North Dakota	–	–	–	–	6	–	–
Ohio	1	2	15	9	47	1	6
Oklahoma	–	2	3	1	12	–	4
Oregon	–	–	9	1	13	2	1
Pennsylvania	1	5	30	3	57	6	3
Rhode Island	–	2	1	–	6	–	–

See footnotes at end of table.

Table 3.1c. Number of mental health organizations providing day treatment services, by type of organization and State: United States, January 1982 (continued)

State	State and county mental hospitals	Private psychiatric hospitals	Non-Federal gen'l hosp. psychiatric services [1]	RTCs for emotionally disturbed children	Freestanding psychiatric outpatient clinics	Freestanding psychiatric day/night organizations	All State other organizations [2]
South Carolina	—	1	1	—	12	—	—
South Dakota	—	—	—	1	5	—	4
Tennessee	4	4	6	—	24	1	2
Texas	2	1	11	—	17	—	10
Utah	—	—	2	—	2	—	4
Vermont	—	—	1	—	2	—	6
Virginia	2	2	3	1	18	—	4
Washington	—	2	3	2	31	1	—
West Virginia	—	1	—	—	10	—	1
Wisconsin	8	—	8	2	3	2	4
Wyoming	—	—	—	1	7	—	—

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] Since data for January 1982 are not available for non-Federal general hospital psychiatric inpatient services and for Veterans Administration (VA) medical centers, data are shown for January 1981.

[2] This category includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 3.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981

State	All organizations			Type of organization			
				State and county mental hospitals		Private psychiatric hospitals	
	Total expenditures in thousands	Total expenditures per capita civilian population [1]	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
Total, U.S.	$10,685,347	$46.94	100.0	$4,492,606	42.1	$1,113,764	10.4
Alabama	124,040	31.86	100.0	53,536	43.1	12,942	10.4
Alaska	18,599	47.81	100.0	9,537	51.3	–	–
Arizona	94,021	33.94	100.0	18,795	20.0	8,044	8.6
Arkansas	55,399	24.22	100.0	12,277	22.2	–	–
California	1,123,759	46.98	100.0	289,017	25.7	147,397	13.1
Colorado	131,690	45.10	100.0	49,087	37.3	27,719	21.0
Connecticut	249,354	79.90	100.0	82,558	33.1	59,146	23.7
Delaware	29,041	48.89	100.0	18,709	64.4	1,681	5.8
Dist. of Col.	162,036	260.09	100.0	121,086	74.7	16,723	10.3
Florida	313,697	31.08	100.0	111,562	35.5	55,428	17.7
Georgia	286,520	52.03	100.0	161,948	56.5	45,942	16.0
Hawaii	27,509	29.74	100.0	9,783	35.5	–	–
Idaho	18,389	19.26	100.0	7,761	42.2	–	–
Illinois	421,313	36.89	100.0	173,733	41.3	34,282	8.1
Indiana	193,280	35.39	100.0	70,725	36.5	8,292	4.3
Iowa	82,096	28.32	100.0	30,854	37.6	–	–
Kansas	122,849	52.17	100.0	45,870	37.3	29,509	24.0
Kentucky	124,970	34.44	100.0	33,380	26.7	13,875	11.1
Louisiana	136,332	31.90	100.0	66,265	48.6	24,349	17.9
Maine	52,212	46.49	100.0	20,718	39.7	–	–
Maryland	209,071	49.53	100.0	104,555	49.9	48,674	23.3
Massachusetts	374,456	65.01	100.0	92,650	24.8	65,646	17.5
Michigan	475,662	51.74	100.0	188,397	39.7	43,443	9.1
Minnesota	179,637	43.90	100.0	47,500	26.4	–	–
Mississippi	59,587	23.75	100.0	32,203	54.1	1,807	3.0
Missouri	226,522	46.07	100.0	130,981	57.8	5,012	2.2
Montana	27,324	34.68	100.0	12,026	43.9	–	–
Nebraska	54,064	34.57	100.0	23,182	42.8	5,189	9.6
Nevada	23,260	27.92	100.0	8,321	35.8	–	–
New Hampshire	53,620	57.59	100.0	23,514	43.8	5,480	10.2
New Jersey	323,737	43.87	100.0	189,029	58.5	34,136	10.5
New Mexico	55,970	42.69	100.0	15,499	27.7	3,703	6.6
New York	1,559,202	88.71	100.0	866,974	55.5	52,282	3.4
North Carolina	268,953	45.94	100.0	122,847	45.7	18,411	6.8
North Dakota	26,053	40.21	100.0	14,535	55.7	–	–
Ohio	381,836	35.45	100.0	164,680	43.0	34,565	9.1
Oklahoma	228,171	74.35	100.0	53,326	23.4	14,995	6.6
Oregon	87,368	32.98	100.0	29,020	33.1	1,096	1.3
Pennsylvania	707,875	59.68	100.0	358,606	50.7	111,924	15.8
Rhode Island	69,497	73.39	100.0	34,161	49.2	15,050	21.7

See footnotes at end of table.

Table 3.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981 (continued)

State	All organizations			Type of organization			
				State and county mental hospitals		Private psychiatric hospitals	
	Total expenditures in thousands	Total expenditures per capita civilian population [1]	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
South Carolina	100,291	32.38	100.0	68,824	68.6	2,949	2.9
South Dakota	22,743	33.49	100.0	10,831	47.7	—	—
Tennessee	141,975	30.94	100.0	71,091	50.1	18,291	12.9
Texas	449,547	30.74	100.0	157,635	35.0	51,202	11.5
Utah	51,503	34.06	100.0	10,344	20.1	—	—
Vermont	41,200	80.16	100.0	9,912	24.1	7,086	17.2
Virginia	254,666	48.33	100.0	114,803	45.1	63,852	25.1
Washington	98,941	23.77	100.0	35,936	36.4	7,324	7.4
West Virginia	59,955	30.71	100.0	22,700	37.8	4,256	7.1
Wisconsin	287,422	60.65	100.0	82,735	28.8	12,062	4.2
Wyoming	18,133	37.16	100.0	8,588	47.4	—	—

See footnotes at end of table.

Table 3.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981 (continued)

State	Type of organization							
	Non-Federal general hosp. psych. services [2]		RTCs for emotionally disturbed children		Freestanding psychiatric outpatient clinics		All other organizations [3]	
	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
Total, U.S.	$2,032,532	19.0	$529,588	5.0	$1,553,703	14.5	$963,154	9.0
Alabama	18,359	14.9	3,771	3.0	12,625	10.2	22,807	18.4
Alaska	675	3.6	–	–	7,822	42.1	565	3.0
Arizona	33,425	35.5	15,750	16.8	3,860	4.1	14,147	15.0
Arkansas	6,207	11.2	2,100	3.8	19,654	35.4	15,161	27.4
California	282,673	25.2	58,898	5.2	164,816	14.7	180,958	16.1
Colorado	12,192	9.3	10,916	8.3	13,355	10.1	18,421	14.0
Connecticut	51,924	20.8	21,281	8.5	15,604	6.3	18,841	7.6
Delaware	1,242	4.3	2,505	8.6	3,035	10.5	1,869	6.4
Dist. of Col.	14,898	9.2	765	0.5	6,274	3.9	2,290	1.4
Florida	53,130	16.9	8,430	2.7	29,355	9.4	55,792	17.8
Georgia	20,852	7.3	892	0.3	29,104	10.2	27,782	9.7
Hawaii	3,537	12.9	1,932	7.0	8,550	31.1	3,707	13.5
Idaho	3,616	19.7	1,590	8.6	5,422	29.5	–	–
Illinois	100,372	23.8	23,792	5.6	70,737	16.8	18,397	4.4
Indiana	37,846	19.6	4,597	2.4	21,033	10.9	50,787	26.3
Iowa	34,491	42.0	5,077	6.2	11,674	14.2	–	–
Kansas	25,282	20.6	1,983	1.6	12,503	10.2	7,702	6.3
Kentucky	15,043	12.0	1,392	1.1	16,745	13.4	44,535	35.7
Louisiana	23,586	17.3	1,803	1.3	15,679	11.5	4,650	3.4
Maine	5,486	10.5	7,963	15.3	6,430	12.3	11,615	22.2
Maryland	27,713	13.3	7,542	3.6	18,566	8.9	2,021	1.0
Massachusetts	64,537	17.2	34,477	9.2	45,879	12.3	71,267	19.0
Michigan	97,402	20.5	27,335	5.7	88,115	18.5	30,970	6.5
Minnesota	81,648	45.4	18,599	10.4	16,120	9.0	15,770	8.8
Mississippi	10,791	18.1	–	–	9,371	15.7	5,415	9.1
Missouri	59,993	26.5	10,710	4.7	11,977	5.3	7,849	3.5
Montana	4,800	17.6	2,748	10.1	6,341	23.2	1,409	5.2
Nebraska	11,117	20.6	1,229	2.3	8,876	16.4	4,471	8.3
Nevada	5,218	22.4	2,999	12.9	3,288	14.1	3,434	14.8
New Hampshire	4,115	7.7	3,028	5.6	15,579	29.1	1,904	3.6
New Jersey	44,834	13.8	4,539	1.4	33,934	10.5	17,265	5.3
New Mexico	16,222	29.0	1,701	3.0	6,649	11.9	12,196	21.8
New York	365,876	23.5	78,846	5.1	138,486	8.9	56,738	3.6
North Carolina	34,156	12.7	1,598	0.6	34,314	12.8	57,627	21.4
North Dakota	4,209	16.2	–	–	7,309	28.1	–	–
Ohio	59,066	15.5	26,256	6.9	80,052	21.0	17,217	4.5
Oklahoma	21,392	9.4	1,165	0.5	127,199	55.7	10,094	4.4
Oregon	22,272	25.5	8,933	10.2	24,779	28.4	1,268	1.5
Pennsylvania	80,905	11.4	30,965	4.4	111,334	15.7	14,141	2.0
Rhode Island	4,520	6.5	3,370	4.8	12,396	17.8	–	–

See footnotes at end of table

Table 3.2. Number and percent distribution of total expenditures in thousands of dollars, by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981 (continued)

State	Type of organization							
	Non-Federal general hosp. psych. services [3]		RTCs for emotionally disturbed children		Freestanding psychiatric outpatient clinics		All other organizations [4]	
	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures	Expenditures in thousands	Percent of total expenditures
South Carolina	9,598	9.6	1,457	1.5	17,663	17.6	--	--
South Dakota	3,192	14.0	2,206	9.7	2,921	12.8	3,595	15.8
Tennessee	22,213	13.6	--	--	27,336	19.3	3,064	2.1
Texas	115,971	25.8	38,682	8.6	32,913	7.3	53,144	11.8
Utah	18,104	35.2	3,151	6.1	3,110	6.0	16,796	32.6
Vermont	5,514	13.4	889	2.2	3,011	7.3	14,788	35.8
Virginia	20,746	8.1	8,246	3.2	29,034	11.4	18,005	7.1
Washington	11,670	11.8	9,126	9.2	34,054	34.4	631	0.6
West Virginia	9,624	16.1	852	1.4	17,020	28.4	5,523	9.2
Wisconsin	48,278	16.8	22,094	7.7	105,903	36.8	16,350	5.7
Wyoming	2,000	11.0	1,428	7.9	6,117	33.7	--	--

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of July 1981, provided by the U.S. Bureau of the Census.

[3] Since data for 1981 are not available for non-Federal general hospital psychiatric inpatient services, data are shown for 1980.

[4] This category includes other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 3.3. Number of inpatient beds and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, January 1982

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services [2]		All other organizations [2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
Total, U.S.	247,312	108.1	140,140	61.2	19,011	8.3	36,525	16.0	51,636	22.6
Alabama	4,288	109.8	2,209	56.6	278	7.1	583	14.9	1,218	31.2
Alaska	233	57.5	188	46.4	—	—	33	8.1	12	3.0
Arizona	1,976	70.1	350	12.4	83	2.9	536	19.0	1,007	35.7
Arkansas	1,409	61.5	386	16.8	—	—	175	7.6	848	37.0
California	17,498	72.4	6,699	27.7	2,330	9.6	3,250	13.4	5,219	21.6
Colorado	2,603	87.6	1,007	33.9	344	11.6	223	7.5	1,029	34.6
Connecticut	4,948	158.8	2,431	78.0	801	25.7	615	19.7	1,101	35.3
Delaware	876	147.5	620	104.4	55	9.3	81	13.6	120	20.2
Dist. of Col.	2,719	438.5	2,090	337.1	201	32.4	217	35.0	211	34.0
Florida	9,252	90.3	5,259	51.4	1,148	11.2	1,267	12.4	1,578	15.4
Georgia	7,303	131.8	4,810	86.8	1,132	20.4	614	11.1	747	13.5
Hawaii	368	39.4	232	24.9	—	—	44	4.7	92	9.9
Idaho	388	40.3	262	27.2	—	—	8	0.8	118	12.3
Illinois	9,060	79.3	4,064	35.6	731	6.4	2,138	18.7	2,127	18.6
Indiana	5,174	94.6	3,151	57.6	70	1.3	992	18.1	961	17.6
Iowa	2,450	84.4	1,107	38.1	—	—	807	27.8	536	18.5
Kansas	3,061	129.3	1,339	56.6	265	11.2	610	25.8	847	35.8
Kentucky	2,460	67.5	897	24.6	471	12.9	428	11.7	664	18.2
Louisiana	3,426	79.5	2,255	52.3	489	11.3	336	7.8	346	8.0
Maine	1,533	136.3	669	59.5	—	—	135	12.0	729	64.8
Maryland	5,659	134.0	3,647	86.3	748	17.7	476	11.3	788	18.7
Massachusetts	7,885	137.2	2,950	51.3	873	15.2	859	14.9	3,203	55.7
Michigan	8,726	95.4	4,602	50.3	789	8.6	1,421	15.5	1,914	20.9
Minnesota	5,079	123.5	2,334	56.8	—	—	1,371	33.3	1,374	33.4
Mississippi	2,992	118.4	2,122	83.9	56	2.2	165	6.5	649	25.7
Missouri	4,938	100.4	2,455	49.9	167	3.4	1,388	28.2	928	18.9
Montana	591	74.4	351	44.2	—	—	108	13.6	132	16.6
Nebraska	1,208	76.9	738	47.0	85	5.4	177	11.3	208	13.2
Nevada	292	34.4	133	15.7	—	—	38	4.5	121	14.3
New Hampshire	893	95.3	639	68.2	102	10.9	32	3.4	120	12.8

See footnotes at end of table.

Table 3.3. Number of inpatient beds and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, January 1982 (continued)

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services[2]		All other organizations[2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
New Jersey	7,888	106.7	5,347	72.4	506	6.8	884	12.0	1,151	15.6
New Mexico	602	45.2	212	15.9	92	6.9	56	4.2	242	18.2
New York	37,452	213.3	26,520	151.0	959	5.5	4,455	25.4	5,518	31.4
North Carolina	6,124	104.0	3,714	63.1	430	7.3	733	12.5	1,247	21.2
North Dakota	902	137.9	765	117.0	—	—	137	20.9	—	—
Ohio	10,323	95.9	5,551	51.6	598	5.6	2,073	19.3	2,101	19.5
Oklahoma	2,799	89.4	1,728	55.2	287	9.2	549	17.5	235	7.5
Oregon	2,018	76.0	1,156	43.5	64	2.4	316	11.9	482	18.1
Pennsylvania	16,925	142.7	10,898	91.9	1,324	11.2	1,602	13.5	3,101	26.1
Rhode Island	1,174	124.0	695	73.4	164	17.3	190	20.1	125	13.2
South Carolina	4,126	131.9	3,556	113.7	68	2.2	327	10.5	175	5.6
South Dakota	961	140.7	476	69.7	—	—	85	12.4	400	58.6
Tennessee	4,157	90.2	2,581	56.0	395	8.6	553	12.0	628	13.6
Texas	13,528	90.8	6,754	45.3	1,067	7.2	2,654	17.8	3,053	20.5
Utah	932	60.6	323	21.0	—	—	192	12.5	417	27.1
Vermont	634	122.6	269	52.0	151	29.2	64	12.4	150	29.0
Virginia	7,978	150.6	5,066	95.6	1,145	21.6	752	14.2	1,015	19.2
Washington	2,400	57.3	1,208	28.8	165	3.9	391	9.3	636	15.2
West Virginia	2,179	111.4	1,643	84.0	98	5.0	310	15.8	128	6.5
Wisconsin	4,310	90.9	1,332	28.1	280	5.9	1,075	22.7	1,623	34.2
Wyoming	612	123.1	350	70.4	—	—	—	—	262	52.7

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of January 1982.

[2] Since data for January 1982 are not available for non-Federal general hospital psychiatric inpatient services and for VA psychiatric services, data are shown for January 1981.

[3] This category includes VA psychiatric services, residential treatment centers for emotionally disturbed children, and other multiservice inpatient mental health facilities that are not elsewhere classified.

Table 3.4. Number of inpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1981

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services [2]		All other organizations [2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
Total, U.S.	1,482,589	651.2	370,693	162.8	162,034	71.2	648,205	284.7	301,657	132.5
Alabama	26,542	681.8	3,200	82.2	3,788	97.3	10,866	279.1	8,688	223.2
Alaska	1,821	468.1	1,090	280.2	–	–	726	186.6	5	1.3
Arizona	16,473	594.7	564	20.4	383	13.8	10,150	366.4	5,376	194.1
Arkansas	12,165	531.9	2,931	128.2	–	–	4,463	195.1	4,771	208.6
California	152,398	637.1	18,191	76.0	20,700	86.5	69,628	291.1	43,879	183.4
Colorado	15,167	519.4	3,244	111.1	3,181	108.9	3,827	131.1	4,915	168.3
Connecticut	28,053	898.8	12,825	410.9	3,056	97.9	8,503	272.4	3,669	117.6
Delaware	5,054	850.8	2,291	385.7	817	137.5	1,794	302.0	152	25.6
Dist. of Col.	11,175	1793.7	5,191	833.2	1,223	196.3	3,405	546.5	1,356	217.7
Florida	72,431	717.6	6,104	60.5	14,436	143.0	32,186	318.9	19,705	195.2
Georgia	57,152	1037.8	28,998	526.6	7,074	128.5	12,418	225.5	8,662	157.3
Hawaii	3,537	382.4	804	86.9	–	–	1,140	123.2	1,593	172.2
Idaho	1,005	105.2	702	73.5	–	–	164	17.2	139	14.6
Illinois	78,704	689.1	21,857	191.4	5,164	45.2	40,817	357.4	10,866	95.1
Indiana	31,758	581.4	5,034	92.2	1,062	19.4	15,732	288.0	9,930	181.8
Iowa	21,980	758.2	6,114	210.9	–	–	14,016	483.5	1,850	63.8
Kansas	20,399	866.2	4,155	176.4	665	28.2	11,248	477.6	4,331	183.9
Kentucky	26,041	717.6	4,806	132.4	5,101	140.6	8,528	235.0	7,606	209.6
Louisiana	24,869	581.9	8,778	205.4	3,071	71.9	9,501	222.3	3,519	82.3
Maine	8,420	749.8	1,902	169.4	–	–	3,005	267.6	3,513	312.8
Maryland	19,417	460.0	7,424	175.9	3,668	86.9	6,038	143.0	2,287	54.2
Massachusetts	44,879	779.1	9,207	159.8	7,959	138.2	12,813	222.4	14,900	258.7
Michigan	50,271	546.8	12,292	133.7	7,824	85.1	23,293	253.4	6,862	74.6
Minnesota	37,779	923.2	5,298	129.5	–	–	24,335	594.7	8,146	199.1
Mississippi	14,023	558.9	5,332	212.5	810	32.3	3,735	148.9	4,146	165.2
Missouri	44,252	900.0	16,789	341.4	585	11.9	19,587	398.4	7,291	148.3
Montana	4,301	545.8	1,047	132.9	–	–	3,135	397.8	119	15.1
Nebraska	8,675	554.7	3,216	205.6	602	38.5	2,707	173.1	2,150	137.5
Nevada	2,809	337.2	1,115	133.9	–	–	770	92.4	924	110.9
New Hampshire	3,364	361.3	1,091	117.2	1,129	121.3	639	68.6	505	54.2

See footnotes at end of table.

Table 5.4. Number of inpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1981 (continued)

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services [2]		All other organizations [2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
New Jersey	32,651	442.5	6,990	94.7	3,855	52.2	17,126	232.1	4,680	63.4
New Mexico	7,272	554.7	1,464	111.7	736	56.1	1,722	131.4	3,350	255.5
New York	122,651	697.8	28,611	162.8	6,433	36.6	68,362	389.0	19,245	109.5
North Carolina	51,624	881.9	21,278	363.5	3,000	51.2	13,934	238.0	13,412	229.1
North Dakota	4,980	768.5	2,968	458.0	–	–	2,012	310.5	–	–
Ohio	64,958	603.1	15,121	140.4	5,977	55.5	34,370	319.1	9,490	88.1
Oklahoma	21,488	700.2	8,658	282.1	2,377	77.5	7,481	243.8	2,972	96.8
Oregon	13,318	502.8	4,926	186.0	282	10.6	6,092	230.0	2,018	76.2
Pennsylvania	61,101	515.1	6,854	57.8	14,289	120.5	31,145	262.6	8,813	74.3
Rhode Island	5,593	590.6	1,261	133.2	2,392	252.6	1,480	156.3	460	48.6
South Carolina	17,238	556.6	7,139	230.5	1,427	46.1	7,072	228.4	1,600	51.7
South Dakota	4,584	675.1	952	140.2	–	–	1,153	169.8	2,479	365.1
Tennessee	29,145	635.1	9,795	213.4	4,353	94.9	10,241	223.2	4,756	103.6
Texas	84,599	578.5	24,379	166.7	8,111	55.5	36,602	250.3	15,507	106.0
Utah	5,127	339.1	606	40.1	–	–	2,012	133.1	2,509	165.9
Vermont	3,672	714.4	628	122.2	1,039	202.1	972	189.1	1,033	201.0
Virginia	38,738	735.2	10,057	190.9	9,707	184.2	13,188	250.3	5,786	109.8
Washington	19,052	457.7	3,623	87.0	2,132	51.2	9,957	239.2	3,340	80.2
West Virginia	11,062	566.7	2,004	102.7	1,999	102.4	5,562	284.9	1,497	76.7
Wisconsin	37,103	782.9	10,940	230.9	1,627	34.3	18,553	391.5	5,983	126.3
Wyoming	1,719	352.3	847	173.6	–	–	–	–	872	178.7

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of July 1981, provided by the U.S. Bureau of the Census.

[2] Since data for 1981 are not available for non-Federal general hospital psychiatric inpatient services and for VA psychiatric services, data are shown for 1980.

[3] This category includes VA psychiatric services, residential treatment centers for emotionally disturbed children, and other multiservice inpatient mental health facilities that are not elsewhere classified.

Table 3.5. Number of inpatient episodes and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1981

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services[2]		All other organizations[2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
Total, U.S.	1,720,392	755.7	499,169	219.3	176,513	77.5	676,941	297.3	367,769	161.5
Alabama	30,836	792.1	5,280	135.6	3,965	101.8	11,271	289.5	10,320	265.1
Alaska	2,010	516.7	1,244	319.8	–	–	753	193.6	13	3.3
Arizona	18,128	654.4	892	32.2	417	15.1	10,448	377.0	6,375	230.1
Arkansas	13,572	593.4	3,103	139.2	–	–	4,607	201.4	5,782	252.8
California	168,332	703.7	24,320	101.7	22,286	93.2	72,035	301.1	49,691	207.7
Colorado	18,077	619.1	4,387	150.2	3,483	119.3	6,015	137.5	6,192	212.1
Connecticut	32,820	1051.6	15,132	485.5	3,797	121.7	9,072	290.7	4,799	153.8
Delaware	5,831	981.6	2,836	477.4	870	146.5	1,872	315.2	253	42.6
Dist. of Col.	13,881	2228.1	7,267	1166.5	1,387	221.8	3,567	572.6	1,665	267.3
Florida	81,230	804.8	11,299	111.9	15,316	151.7	33,143	328.4	21,472	212.7
Georgia	63,835	1159.2	33,268	604.1	7,976	144.8	12,830	233.0	9,761	177.2
Hawaii	3,907	421.8	1,043	112.8	–	–	1,186	128.0	1,675	181.1
Idaho	1,381	144.6	913	95.6	–	–	218	22.8	250	26.2
Illinois	87,882	769.4	25,749	223.4	5,728	50.1	42,606	373.0	13,799	120.8
Indiana	36,561	669.4	7,708	141.1	1,120	20.5	16,629	304.4	11,104	203.3
Iowa	24,658	850.6	7,193	248.1	–	–	14,688	506.7	2,777	95.8
Kansas	23,684	1005.7	5,498	233.5	901	38.3	11,719	497.6	5,566	236.3
Kentucky	28,331	780.7	5,573	153.6	5,465	150.6	8,780	241.9	8,513	234.6
Louisiana	28,141	658.4	10,866	254.2	3,408	79.7	9,776	228.7	4,091	95.7
Maine	10,020	892.3	2,541	226.3	–	–	3,090	275.2	4,389	390.8
Maryland	25,459	603.2	10,930	258.9	4,304	102.0	6,393	151.5	3,832	90.8
Massachusetts	52,971	919.6	11,848	205.7	8,748	151.9	13,541	235.1	18,834	327.0
Michigan	58,895	640.7	16,512	179.6	8,445	91.9	24,485	266.3	9,453	102.8
Minnesota	42,372	1035.5	7,287	178.1	–	–	25,371	620.0	9,714	237.4
Mississippi	16,762	668.1	7,028	280.1	827	33.0	3,843	153.2	5,064	201.8
Missouri	49,662	1010.0	19,564	397.9	714	14.5	20,687	420.7	8,697	176.9
Montana	4,821	611.8	1,396	176.9	–	–	3,193	405.5	232	29.4
Nebraska	9,833	628.7	3,828	244.8	677	43.3	2,741	175.3	2,587	165.4
Nevada	3,110	373.3	1,221	146.6	–	–	835	100.2	1,054	126.5
New Hampshire	4,206	451.8	1,727	185.5	1,196	128.2	666	71.5	619	66.5

See footnotes at end of table.

Table 3.5. Number of inpatient episodes and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1981 (continued)

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services[2]		All other organizations[2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
New Jersey	40,479	548.6	12,220	165.6	4,241	57.5	17,857	242.0	6,161	83.5
New Mexico	7,828	597.1	1,691	129.0	784	59.8	1,738	132.6	3,615	275.7
New York	158,359	901.0	52,887	300.9	7,078	40.3	72,251	411.1	26,143	148.7
North Carolina	57,181	976.8	24,442	417.5	3,315	56.6	14,541	248.4	14,883	254.2
North Dakota	5,607	865.3	3,506	541.0	–	–	2,101	324.2	–	–
Ohio	75,353	699.7	20,433	189.7	6,433	59.7	36,167	335.8	12,320	114.4
Oklahoma	23,695	772.1	9,895	322.4	2,559	83.4	7,901	257.4	3,340	108.8
Oregon	15,114	570.6	5,960	225.0	314	11.9	6,288	237.4	2,552	96.3
Pennsylvania	77,606	654.3	16,909	142.6	15,450	130.3	32,481	273.8	12,766	107.6
Rhode Island	6,638	701.0	1,888	199.4	2,553	269.6	1,588	167.7	609	64.3
South Carolina	21,086	680.9	10,338	333.8	1,495	48.3	7,337	236.9	1,916	61.9
South Dakota	5,656	833.0	1,350	198.8	–	–	1,225	180.4	3,081	453.8
Tennessee	33,399	727.8	12,409	270.4	4,580	99.8	10,652	232.1	5,758	125.5
Texas	96,937	662.9	30,043	205.5	8,792	60.1	38,464	263.0	19,638	134.3
Utah	6,053	400.3	888	58.7	–	–	2,145	141.9	3,020	199.7
Vermont	4,224	821.8	871	169.5	1,143	222.4	1,020	198.4	1,190	231.5
Virginia	46,235	877.5	14,601	277.1	10,613	201.4	13,745	260.9	7,276	138.1
Washington	21,312	511.9	4,714	113.2	2,242	53.9	10,252	246.3	4,104	98.6
West Virginia	13,025	667.3	3,383	173.3	2,061	105.6	5,823	298.3	1,758	90.1
Wisconsin	41,098	867.2	12,082	254.9	1,837	38.8	19,309	407.4	7,870	166.1
Wyoming	2,304	472.1	1,108	227.0	–	–	–	–	1,196	245.1

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of July 1981, provided by the U.S. Bureau of the Census.

[2] Since data for 1981 are not available for non-Federal general hospital psychiatric inpatient services and for VA psychiatric services, data are shown for 1980.

[3] This category includes VA psychiatric services, residential treatment centers for emotionally disturbed children, and other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 3.6. Number of inpatient days in thousands and rate per 1,000 civilian population,[1] by type of mental health organization and State: United States, 1981

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services [2]		All other organizations [2 3]	
	Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 population
Total, U.S.	77,053	338.5	44,558	195.7	5,578	24.5	10,727	47.1	16,190	71.1
Alabama	1,300	333.9	735	188.8	72	18.5	116	29.8	377	96.8
Alaska	67	172.2	54	138.8	–	–	10	25.7	3	7.7
Arizona	645	232.9	123	44.4	8	2.9	187	67.5	327	118.1
Arkansas	395	172.7	88	38.5	–	–	50	21.9	257	112.4
California	5,255	219.7	2,162	90.4	630	26.3	877	36.7	1,586	66.3
Colorado	813	278.4	336	115.1	111	38.0	40	13.7	326	111.6
Connecticut	1,626	521.0	800	256.3	268	85.9	191	61.2	367	117.6
Delaware	271	456.2	194	326.6	19	32.0	24	40.4	34	57.2
Dist. of Col.	839	1346.7	650	1043.3	57	91.5	62	99.5	70	112.4
Florida	2,995	296.7	1,826	180.9	318	31.5	368	36.5	483	47.9
Georgia	2,264	411.1	1,531	278.0	353	64.1	148	26.9	232	42.1
Hawaii	111	120.0	68	73.5	–	–	16	17.3	27	29.2
Idaho	121	126.7	77	80.6	–	–	2	2.1	42	44.0
Illinois	2,755	241.2	1,255	109.9	217	19.0	626	54.8	657	57.5
Indiana	1,521	278.5	911	166.8	19	3.5	324	59.3	267	48.9
Iowa	741	255.6	351	121.1	–	–	216	74.5	174	60.0
Kansas	962	408.5	443	188.1	83	35.2	172	73.0	264	112.1
Kentucky	712	196.2	287	79.1	87	24.0	118	32.5	220	60.6
Louisiana	1,234	288.7	722	168.9	135	31.6	270	63.2	107	25.0
Maine	487	433.7	219	195.0	–	–	33	29.4	235	209.3
Maryland	1,720	407.5	1,080	255.9	246	58.3	142	33.6	252	59.7
Massachusetts	2,553	443.2	925	160.6	285	49.5	259	45.0	1,084	188.2
Michigan	2,704	294.1	1,440	156.6	249	27.1	421	45.8	594	64.6
Minnesota	1,554	379.8	724	176.9	–	–	410	100.2	420	102.6
Mississippi	896	357.1	635	253.1	16	6.4	40	15.9	205	81.7
Missouri	1,580	321.3	855	173.9	52	10.6	392	79.7	281	57.1
Montana	182	231.0	118	149.7	–	–	23	29.2	41	52.0
Nebraska	355	227.0	214	136.8	22	14.1	52	33.2	67	42.8
Nevada	87	104.4	43	51.6	–	–	11	13.2	33	39.6
New Hampshire	290	311.5	213	228.8	30	32.2	11	11.8	36	38.7

See footnotes at end of table.

Table 3.6. Number of inpatient days in thousands and rate per 1,000 civilian population,[1] by type of mental health organization and State: United States, 1981 (continued)

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services[2]		All other organizations[2,3]	
	Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 population	Number	Rate per 1,000 population
New Jersey	2,513	340.6	1,770	239.9	160	21.7	242	32.8	341	46.2
New Mexico	189	144.2	76	58.0	24	18.3	18	13.7	71	54.2
New York	12,363	703.4	8,855	503.8	285	16.2	1,382	78.6	1,841	104.7
North Carolina	1,791	305.9	1,086	185.5	129	22.0	223	38.1	353	60.3
North Dakota	237	365.7	202	311.7	—	—	35	54.0	—	—
Ohio	3,094	287.3	1,617	150.1	184	17.1	660	61.3	633	58.8
Oklahoma	728	237.2	429	139.8	78	25.4	165	53.8	56	18.2
Oregon	608	229.5	371	140.1	12	4.5	67	25.3	158	59.6
Pennsylvania	5,393	454.7	3,497	294.8	434	36.6	459	38.7	1,003	84.6
Rhode Island	361	381.2	207	218.6	57	60.2	56	59.1	41	43.3
South Carolina	1,476	476.6	1,217	393.0	25	8.1	175	56.5	59	19.1
South Dakota	297	437.4	150	220.9	—	—	17	25.0	130	191.5
Tennessee	1,324	288.5	837	182.4	103	22.4	176	38.4	208	45.3
Texas	3,941	269.5	2,019	138.1	281	19.2	688	47.0	953	65.2
Utah	301	199.1	112	74.1	—	—	51	33.7	138	91.3
Vermont	192	373.5	90	175.1	34	66.1	20	38.9	48	93.4
Virginia	2,495	473.5	1,625	308.4	351	66.6	207	39.3	312	59.2
Washington	679	163.1	312	74.9	40	9.6	116	27.9	211	50.7
West Virginia	617	316.1	480	245.9	22	11.3	79	40.5	36	18.4
Wisconsin	1,239	261.4	424	89.5	82	17.3	280	59.1	453	95.6
Wyoming	180	368.9	103	211.1	—	—	—	—	77	157.8

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of July 1981, provided by the U.S. Bureau of the Census.

[2] Since data for 1981 are not available for non-Federal general hospital psychiatric inpatient services and for VA psychiatric services, data are shown for 1980.

[3] This category includes VA psychiatric services, residential treatment centers for emotionally disturbed children, and other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 3.7. Average daily inpatient census and percent occupancy, by type of mental health organization and State: United States, January 1981

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services [1]		All other organizations [1,2]	
	Average daily census	Percent occupancy	Average daily census	Percent occupancy	Average daily census	Percent occupancy	Average daily census	Percent occupancy	Average daily census	Percent occupancy
Total, U.S.	211,024	85.3	122,073	87.1	15,281	80.4	29,307	80.2	44,363	85.9
Alabama	3,557	83.0	2,014	91.2	196	70.5	315	54.0	1,032	84.7
Alaska	184	79.0	149	79.3	–	–	26	78.8	9	75.0
Arizona	1,766	89.4	338	96.6	22	26.5	510	95.1	896	89.0
Arkansas	1,084	76.9	242	62.7	–	–	139	79.4	703	82.9
California	14,388	82.2	5,922	88.4	1,726	74.1	2,395	73.7	4,345	83.3
Colorado	2,227	85.6	920	91.4	305	88.7	109	48.9	893	86.8
Connecticut	4,457	90.1	2,192	90.2	735	91.8	524	85.2	1,006	91.4
Delaware	746	85.2	532	85.8	52	94.5	69	85.2	93	77.5
Dist. of Col.	2,300	84.6	1,782	85.3	157	78.1	169	77.9	192	91.0
Florida	8,204	88.7	5,002	95.1	870	75.8	1,008	79.6	1,324	83.9
Georgia	6,205	85.0	4,194	87.2	968	85.5	407	66.3	636	85.1
Hawaii	308	83.7	185	79.7	–	–	48	109.1	75	81.5
Idaho	332	85.6	210	80.2	–	–	6	75.0	116	98.3
Illinois	7,541	83.2	3,438	84.6	594	81.3	1,709	79.9	1,800	84.6
Indiana	4,164	80.5	2,496	79.2	52	74.3	885	89.2	731	76.1
Iowa	2,028	82.8	962	86.9	–	–	589	73.0	477	89.0
Kansas	2,634	86.1	1,213	90.6	227	85.7	470	77.0	724	85.5
Kentucky	1,949	79.2	785	87.5	239	50.7	322	75.2	603	90.8
Louisiana	3,379	98.6	1,979	87.8	369	75.5	738	219.6	293	84.7
Maine	1,334	87.0	601	89.8	–	–	90	66.7	643	88.2
Maryland	4,714	83.3	2,960	81.2	675	90.2	388	81.5	691	87.7
Massachusetts	6,994	88.7	2,534	85.9	782	89.6	707	82.3	2,971	92.8
Michigan	7,406	84.9	3,945	85.7	683	86.6	1,150	80.9	1,628	85.1
Minnesota	4,257	83.8	1,984	85.0	–	–	1,122	81.8	1,151	83.8
Mississippi	2,453	82.0	1,739	82.0	45	80.4	108	65.5	561	86.4
Missouri	4,326	87.6	2,342	95.4	142	85.0	1,071	77.2	771	83.1
Montana	498	84.3	323	92.0	–	–	63	58.3	112	84.8
Nebraska	970	80.3	586	79.4	59	69.4	141	79.7	184	88.5
Nevada	237	81.2	117	88.0	–	–	30	78.9	90	74.4
New Hampshire	795	89.0	584	91.4	83	81.4	29	90.6	99	82.5

See footnotes at end of table.

Table 3.7. Average daily inpatient census and percent occupancy, by type of mental health organization and State: United States, January 1981 (continued)

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non Federal general hosp. psych. services [1]		All other organizations [1,2]	
	Average daily census	Percent occupancy	Average daily census	Percent occupancy	Average daily census	Percent occupancy	Average daily census	Percent occupancy	Average daily census	Percent occupancy
New Jersey	6,881	87.2	4,848	90.7	438	86.6	660	74.7	935	81.2
New Mexico	515	85.5	207	97.6	65	70.7	48	85.7	195	80.6
New York	33,865	90.4	24,260	91.5	782	81.5	3,778	84.8	5,045	91.4
North Carolina	4,903	80.1	2,974	80.1	353	82.1	609	83.1	967	77.5
North Dakota	649	72.0	553	72.3	–	–	96	70.1	–	–
Ohio	8,473	82.1	4,431	79.8	505	84.4	1,802	86.9	1,735	82.6
Oklahoma	1,992	71.2	1,174	67.9	215	74.9	450	82.0	153	65.1
Oregon	1,666	83.6	1,017	88.0	32	50.0	184	58.2	433	89.8
Pennsylvania	14,772	87.3	9,581	87.9	1,189	89.8	1,254	78.3	2,748	88.6
Rhode Island	986	84.0	566	81.4	155	94.5	152	80.0	113	90.4
South Carolina	4,041	97.9	3,333	93.7	68	100.0	477	145.9	163	93.1
South Dakota	813	84.6	412	86.6	–	–	46	54.1	355	88.8
Tennessee	3,624	87.2	2,293	88.8	282	71.4	480	86.8	569	90.6
Texas	10,790	79.8	5,532	81.9	769	72.1	1,879	70.8	2,610	85.5
Utah	825	88.5	306	94.7	–	–	140	72.9	379	90.9
Vermont	524	82.6	247	91.8	93	61.9	52	81.3	132	88.0
Virginia	6,835	85.7	4,453	87.9	961	83.9	566	75.3	855	84.2
Washington	1,856	77.3	854	70.7	109	66.1	316	80.8	577	90.7
West Virginia	1,688	77.5	1,314	80.0	59	60.2	216	69.7	99	77.3
Wisconsin	3,397	78.8	1,167	87.6	225	80.4	765	71.2	1,240	76.4
Wyoming	492	80.4	281	80.3	–	–	–	–	211	80.5

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] Since data for 1981 are not available for non-Federal general hospital psychiatric inpatient services and for VA psychiatric services, data are shown for 1980.

[2] This category includes VA psychiatric services, residential treatment centers for emotionally disturbed children, and other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 3.8. Number of inpatients at end of year and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1981

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services[2]		All other organizations[2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
Total, U.S.	214,065	93.5	125,246	54.7	15,123	6.6	28,736	12.6	44,960	19.6
Alabama	3,694	94.6	2,104	53.9	165	4.2	405	10.4	1,020	26.1
Alaska	190	46.9	154	38.0	—	—	27	6.7	9	2.2
Arizona	1,531	54.3	338	12.0	43	1.5	294	10.4	856	30.4
Arkansas	1,082	47.2	267	11.6	—	—	144	6.3	671	29.3
California	14,808	61.3	6,340	26.2	1,736	7.2	2,407	10.0	4,325	17.9
Colorado	2,431	81.8	1,039	34.9	286	9.6	187	6.3	919	30.9
Connecticut	4,702	150.9	2,343	75.2	760	24.4	569	18.3	1,030	33.1
Delaware	753	126.8	528	88.9	55	9.3	78	13.1	92	15.5
Dist. of Col.	2,411	388.9	1,925	310.5	151	24.4	162	26.1	173	27.9
Florida	7,985	78.0	4,767	46.6	912	8.9	957	9.4	1,349	13.2
Georgia	6,349	114.6	4,276	77.2	966	17.4	412	7.4	695	12.5
Hawaii	355	38.0	222	23.8	—	—	44	4.7	89	9.5
Idaho	386	40.1	217	22.5	—	—	54	5.6	115	11.9
Illinois	7,938	69.5	3,872	33.9	530	4.6	1,790	15.7	1,746	15.3
Indiana	3,947	72.2	2,268	41.5	50	0.9	898	16.4	731	13.4
Iowa	2,107	72.6	929	32.0	—	—	672	23.2	506	17.4
Kansas	2,763	116.7	1,322	55.9	202	8.5	471	19.9	768	32.4
Kentucky	2,009	55.1	824	22.6	325	8.9	252	6.9	608	16.7
Louisiana	3,034	70.4	2,064	47.9	383	8.9	275	6.4	312	7.2
Maine	1,402	124.6	647	57.5	—	—	86	7.6	669	59.5
Maryland	4,861	115.1	3,086	73.1	694	16.4	355	8.4	726	17.2
Massachusetts	6,950	120.9	2,436	42.4	793	13.8	728	12.7	2,993	52.1
Michigan	7,672	83.9	4,148	45.3	610	6.7	1,192	13.0	1,722	18.8
Minnesota	4,010	97.5	1,857	45.2	—	—	1,036	25.2	1,117	27.2
Mississippi	2,557	101.1	1,800	71.2	34	1.3	108	4.3	615	24.3
Missouri	4,488	91.3	2,435	49.5	140	2.8	1,101	22.4	812	16.5
Montana	498	62.7	322	40.6	—	—	60	7.6	116	14.6
Nebraska	945	60.2	652	41.5	61	3.9	35	2.2	197	12.5
Nevada	269	31.7	120	14.1	—	—	65	7.7	84	9.9
New Hampshire	769	82.1	555	59.2	85	9.1	27	2.9	102	10.9

See footnotes at end of table.

Table 3.8. Number of inpatients at end of year and rate per 100,000 civilian population,[1] by type of mental health organization and State: United States, 1981 (continued)

State	All organizations		Type of organization							
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services[2]		All other organizations[2,3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
New Jersey	7,303	98.8	5,170	70.0	446	6.0	731	9.9	956	12.9
New Mexico	497	37.3	201	15.1	64	4.8	16	1.2	216	16.2
New York	34,071	194.0	24,360	138.7	734	4.2	3,889	22.1	5,088	29.0
North Carolina	5,178	88.0	3,207	54.5	308	5.2	606	10.3	1,057	18.0
North Dakota	616	94.2	527	80.6	–	–	89	13.6	–	–
Ohio	9,028	83.9	5,051	46.9	456	4.2	1,796	16.7	1,725	16.0
Oklahoma	2,116	67.6	1,305	41.7	229	7.3	420	13.4	162	5.2
Oregon	1,714	64.5	1,085	40.8	21	0.8	196	7.4	412	15.5
Pennsylvania	15,106	127.3	9,759	82.3	1,253	10.6	1,336	11.3	2,758	23.2
Rhode Island	846	89.3	489	51.6	140	14.8	108	11.4	109	11.5
South Carolina	3,650	116.7	3,161	101.1	68	2.2	265	8.5	156	5.0
South Dakota	815	119.3	397	58.1	–	–	72	10.5	346	50.7
Tennessee	3,666	79.5	2,414	52.4	235	5.1	411	8.9	606	13.1
Texas	10,941	73.4	5,691	38.2	729	4.9	1,861	12.5	2,660	17.8
Utah	789	51.3	277	18.0	–	–	133	8.6	379	24.6
Vermont	490	94.8	216	41.8	90	17.4	48	9.3	136	26.3
Virginia	6,773	127.8	4,357	82.2	978	18.5	557	10.5	881	16.6
Washington	2,141	51.1	1,150	27.4	105	2.5	295	7.0	591	14.1
West Virginia	1,718	87.8	1,299	66.4	64	3.3	261	13.3	94	4.8
Wisconsin	3,221	67.9	997	21.0	222	4.7	755	15.9	1,247	26.3
Wyoming	490	98.6	276	55.5	–	–	–	–	214	43.1

Source: Unpublished provisional estimates from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of January 1982.

[2] Since data for 1981 are not available for non-Federal general hospital psychiatric inpatient services and for VA psychiatric services, data are shown for 1980.

[3] This category includes VA psychiatric services, residential treatment centers for emotionally disturbed children, and other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Table 3.9. Number of outpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981

State	All organizations		Type of organization									
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services [2]		Freestanding psych. outpatient clinics		All other organizations [3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
Total, U.S.	2,335,310	1025.9	73,265	32.2	69,660	30.6	323,341	142.0	1,306,451	573.9	562,793	247.2
Alabama	39,615	1017.6	–	–	–	–	10,500	269.7	10,322	265.1	18,793	482.7
Alaska	6,425	1651.7	–	–	–	–	–	–	6,304	1,620.6	121	31.1
Arizona	20,969	757.0	–	–	712	25.7	1,790	64.6	5,419	195.6	13,048	471.0
Arkansas	30,307	1325.2	673	29.4	–	–	3,204	140.1	11,621	508.1	14,809	647.5
California	224,705	939.3	239	1.0	11,967	50.0	24,415	102.1	130,530	545.6	57,554	240.6
Colorado	42,012	1438.8	181	6.2	3,190	109.2	1,128	38.6	16,448	563.3	21,065	721.4
Connecticut	38,352	1228.8	133	4.3	161	5.2	10,943	350.6	16,031	513.6	11,084	355.1
Delaware	4,959	834.8	61	10.3	–	–	1,106	186.2	3,078	518.2	714	120.2
Dist. of Col.	7,441	1194.4	673	108.0	108	17.3	1,751	281.1	4,297	689.7	612	98.2
Florida	103,959	1030.0	14	0.1	8,490	84.1	6,483	64.2	45,296	448.8	43,676	432.7
Georgia	60,437	1097.3	–	–	871	15.8	5,515	100.1	33,389	606.3	20,662	375.2
Hawaii	5,851	632.5	–	–	–	–	1,251	135.2	3,888	420.3	712	77.0
Idaho	11,935	1249.7	–	–	–	–	–	–	11,223	1175.2	712	74.6
Illinois	109,447	958.2	737	6.5	–	–	8,964	78.5	85,339	747.1	14,407	126.1
Indiana	65,239	1194.4	1,045	19.1	5,543	101.5	3,056	56.0	20,211	370.0	35,384	647.8
Iowa	22,600	779.6	703	24.2	–	–	613	21.1	21,116	728.4	168	5.8
Kansas	35,653	1513.9	46	2.0	3,759	159.6	5,506	233.8	19,197	815.2	7,145	303.4
Kentucky	32,803	903.9	91	2.5	24	0.7	60	1.7	12,657	348.8	19,971	550.3
Louisiana	22,557	527.8	–	–	–	–	938	21.9	17,902	418.9	3,717	87.0
Maine	14,011	1247.6	–	–	–	–	972	86.6	7,162	637.8	5,877	523.3
Maryland	67,171	1591.4	2,368	56.1	2,399	56.8	32,932	780.2	28,452	674.1	1,020	24.2
Massachusetts	63,831	1108.2	670	11.6	1,072	18.6	6,587	114.4	31,447	546.0	24,055	417.6
Michigan	92,462	1005.8	5,058	55.0	2,247	24.4	9,790	106.5	65,316	710.5	10,051	109.3
Minnesota	49,093	1199.7	–	–	–	–	4,500	110.0	24,003	586.6	20,590	503.2
Mississippi	22,690	904.3	–	–	–	–	4,107	163.7	11,774	469.3	6,809	271.4
Missouri	35,069	713.2	6,747	137.2	5	0.1	4,072	82.8	18,191	370.0	6,054	123.1
Montana	11,103	1409.0	–	–	–	–	611	77.5	7,471	948.1	3,021	383.4
Nebraska	15,242	976.6	–	–	212	13.6	474	30.3	13,206	844.4	1,350	86.3
Nevada	11,864	1424.2	1,162	139.5	–	–	530	63.6	3,497	419.8	6,675	801.3
New Hampshire	13,529	1453.2	–	–	–	–	1,222	131.3	10,698	1149.1	1,609	172.8

See footnotes at end of table.

Table 3.9. Number of outpatient additions and rate per 100,000 civilian population,[1] by type of mental health organization (excluding Veterans Administration medical centers) and State: United States, 1981 (continued)

State	All organizations		Type of organization									
			State and county mental hospitals		Private psychiatric hospitals		Non-Federal general hosp. psych. services [2]		Freestanding psych outpatient clinics		All other organizations [3]	
	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population	Number	Rate per 100,000 population
New Jersey	50,006	677.7	1,916	26.0	408	5.5	8,608	116.7	32,328	438.1	6,746	91.4
New Mexico	32,170	2453.9	—	—	—	—	5,828	444.5	8,356	637.4	17,986	1371.9
New York	256,831	1461.3	23,186	131.9	—	—	80,725	459.3	119,381	679.2	33,539	190.8
North Carolina	66,897	1142.8	2,804	47.9	140	2.4	4,032	68.9	24,675	421.5	35,246	602.1
North Dakota	11,106	1713.9	—	—	—	—	—	—	11,106	1713.9	—	—
Ohio	100,733	935.3	—	—	3,598	33.4	11,799	109.6	72,359	671.9	12,977	120.5
Oklahoma	41,335	1346.9	1,461	47.6	2,606	84.9	5,148	167.7	26,087	850.0	6,033	196.6
Oregon	28,416	1072.7	—	—	—	—	1,628	61.5	25,797	973.8	991	37.4
Pennsylvania	89,842	757.5	—	—	7,953	67.1	10,742	90.6	65,758	554.4	5,389	45.4
Rhode Island	11,892	1255.8	—	—	682	72.0	945	99.8	9,977	1053.5	288	30.4
South Carolina	23,354	754.1	489	15.8	—	—	3,309	106.8	19,556	631.4	—	—
South Dakota	7,928	1167.6	—	—	—	—	—	—	4,148	610.9	3,780	556.7
Tennessee	44,446	968.5	613	13.4	6,892	150.2	5,547	120.9	29,480	642.4	1,914	41.7
Texas	72,543	496.1	13,149	89.9	3,431	23.5	2,895	19.8	22,821	156.1	30,247	206.8
Utah	15,891	1051.0	—	—	—	—	2,918	193.0	3,646	241.1	9,327	616.9
Vermont	12,173	2368.3	—	—	593	115.4	611	118.9	3,619	704.1	7,350	1430.0
Virginia	42,260	802.0	170	3.2	800	15.2	60	1.1	31,615	600.0	9,615	182.5
Washington	63,365	1522.1	—	—	935	22.5	20,320	488.1	38,778	931.5	3,332	80.0
West Virginia	18,327	938.9	—	—	862	44.2	104	5.3	16,649	852.9	712	36.5
Wisconsin	49,812	1051.1	8,876	187.3	—	—	4,491	94.8	30,589	645.5	5,856	123.6
Wyoming	14,852	3043.4	—	—	—	—	611	125.2	14,241	2918.2	—	—

Source: Unpublished provisional data from the Survey and Reports Branch, Division of Biometry and Epidemiology, National Institute of Mental Health.

[1] The population used in the calculation of these rates is the civilian population by State as of July 1, 1981, provided by the U.S. Bureau of the Census.

[2] Since data for 1981 are not available for non Federal general hospital psychiatric inpatient services, data are shown for 1980.

[3] This category includes residential treatment centers for emotionally disturbed children and other multiservice mental health organizations with inpatient services that are not elsewhere classified.

Chapter 4

Direct Costs and Expenditures for Mental Health in the United States, 1980

Richard G. Frank, Ph.D.
Mark S. Kamlet, Ph.D.

Introduction

Understanding the costs to society of various illnesses is recognized as an important element for evaluating competing demands for the use of scarce health care resources (Hodgson and Meiners 1979). Direct costs represent the value of resources withdrawn from the economy to diagnose, treat, and rehabilitate victims of a type of illness. The calculation of direct costs provides a systematic guide to resource utilization for the care of particular diseases.

Distinction Between Costs and Expenditures

This analysis concerns the direct costs of mental illness. It is important from the outset to draw a distinction between costs and expenditures. Costs represent the claims on real resources, such as physician visits and hospital days. Expenditures represent flows of dollars associated with mental illness. Expenditures do not necessarily represent claims on resources. For example, mental illness may be disabling and as a result, society may choose to transfer resources from the general population to the mentally ill population for the provision of food, shelter, and clothing. These transfers are not costs of illness. They are, however, important to document for evaluating total expenditures associated with mental disorders. For this reason, estimates are made for both the direct costs of mental illness and the direct expenditures for mental illness.

Approach to Identification of Costs

There are a variety of conceptually correct approaches that can be taken to identify direct costs of mental health care. For example, expenditures may be (1) traced from the payment source by the type of service provided or (2) estimated from data reported by providers of mental health care. Although these two approaches are conceptually equivalent, the practical implications of implementing each of the two estimation strategies are vastly different. The number and variety of payers, in addition to their limits on access to relevant data, preclude the source of payment approach at this time. The estimates herein followed U.S. Public Health Service guidelines and were derived from data obtained on providers of mental health care. As in the case of the source of payment approach, it is unlikely that information was provided on all relevant providers, such as counselors, social workers, and psychiatric nurses in private practice. It seems, however, that these errors of omission are likely to be smaller than in the case of the source of payment approach.

Locus of Care

Providers are divided into three categories commonly used for discussing the locus of mental health care as follows:

- The ***specialty mental health care sector***, which includes State mental hospitals; community mental heath centers (CMHCs); office-based psychologists, psychiatrists, and social workers; and general hospital psychiatric units.
- The ***general medical sector***, which includes psychiatric services in general hospitals outside of psychiatric units, nursing homes, and nonpsychiatrist physicians.
- The ***human service sector***, which includes schools and the criminal justice system.

Transportation services for treatment of mental disorder were included in the cost estimates and are identified under the heading of nonhealth sector costs. As a supplement to this information, also included were expenditures by the Social Security Administration (SSA) for the maintenance of mentally disabled individuals and expenditures made under Title XX (this may constitute some double counting with services reported by providers of mental health care).

Data Sources

Most data on costs for specialty mental health facilities were obtained from reports based on National Institute of Mental Health (NIMH) inventories of psychiatric facilities. Data were adjusted to avoid double counting of clients served by organizationally linked providers (e.g., CMHCs and general hospital psychiatric units). For specialty mental heath services incurred outside of organized settings (e.g., offices of psychiatrists), estimates were based on results from national probability surveys of the U.S. population. For costs associated with mental health care delivered in the general medical sector, data were based largely on surveys by the National Center for Health Statistics (NCHS). In particular, extensive use was made of the National Hospital Discharge Survey and the National Nursing Home Survey. To the extent possible, 1980 data were used to construct cost estimates; but in a number of cases where 1980 data were unavailable, data from earlier years were used and inflation adjustments were made. Definitions and concepts used in estimate construction are available in Frank and Kamlet (1984).

Estimates of Direct Costs and Expenditures

Table 4.1 summarizes the total direct costs and expenditures estimates for mental health care in 1980. High and low estimates are included for both expenditures and costs. The variations resulted from differing assumptions as to definition of mental disorder and differing interpretations as to the degree of psychotropic drug usage associated with care of the mentally ill.[1] The high estimate of total costs for 1980 was $19.9 billion; the low was $17.2 billion. When estimates of transfer payments were added to the direct costs estimates, the high and low total expenditures became $24.1 billion and $19.4 billion, respectively. The high estimate of direct costs accounted for approximately 7.7 percent of total expenditures on health care for the Nation in 1980 (Hodgson and Kopstein 1984). These figures also imply that direct costs of mental health care comprised approximately 0.65 percent of the Gross National Product (GNP) in 1980.

Table 4.2 and figure 4.1 provide data on the total direct costs for mental health care, by organization within each sector. These estimates indicate that the specialty mental health sector absorbs by far the largest number of resources for mental health care. The total direct costs ($19.9 billion) were incurred as follows:

Sector	Amount (billions)	Percent
specialty mental health	$10.7	53.6
general health	6.1	30.6
human services and nonhealth sector	3.1	15.8

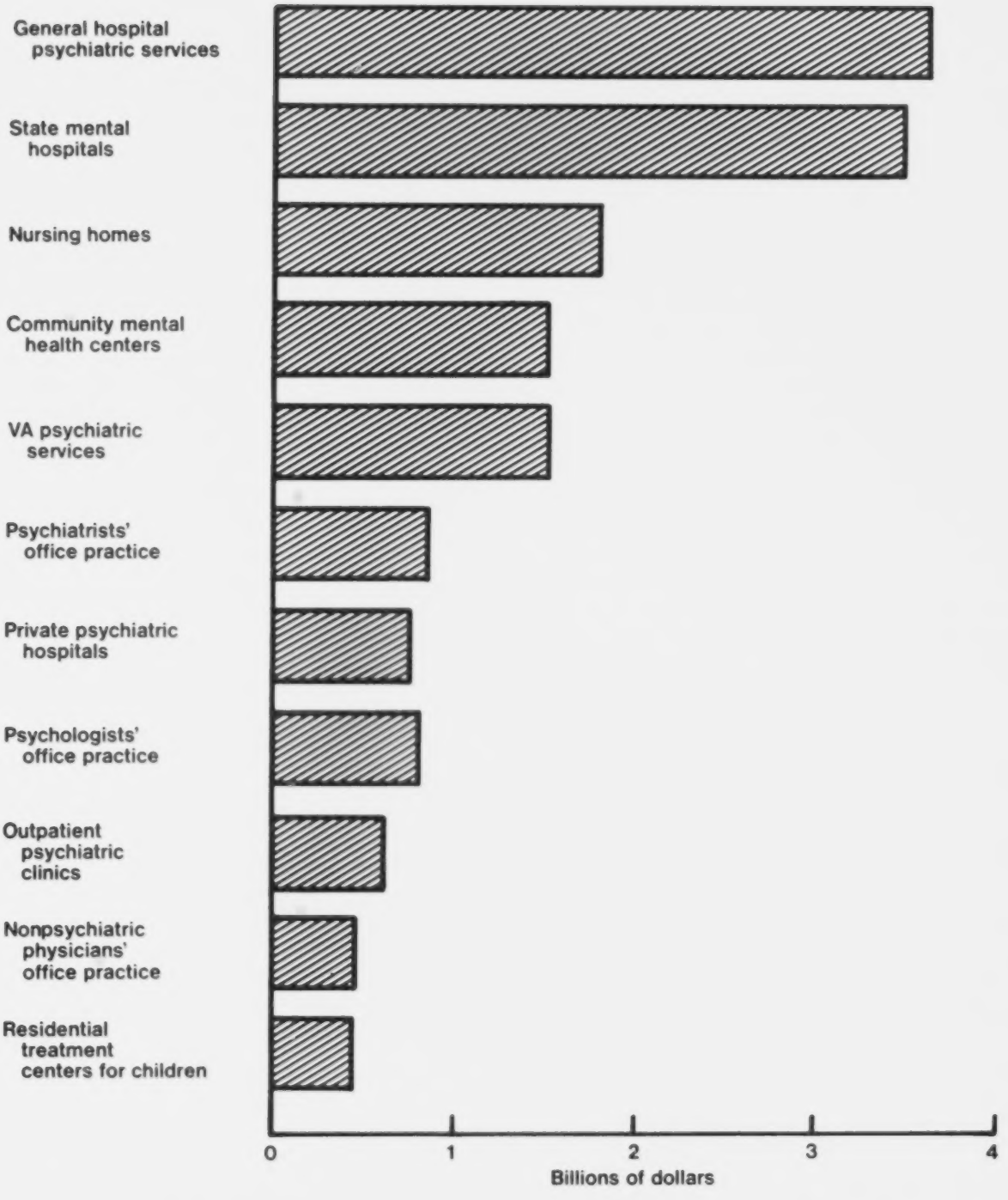
Several features can be noted between patterns of costs in the mental health and general health care sectors. In the general health sector, hospital care represented 46 percent of total direct costs in 1980, while in the mental health sector, hospital services accounted for about 48 percent of direct costs. Expenditures on psychotropic drugs were estimated (high) to constitute 2 percent of total direct mental health care costs. In the total health sector, drugs and sundries made up 9 percent of all health sector expenditures in 1980.[2] Expenditures on physician services (both psychiatrists and others) comprised about 7 percent of direct mental health care costs. In contrast, 21 percent of all costs in the health care sector were for physician services. Thus, both the general health and the mental health sectors expend a comparable proportion of their resources on hospital-related care, and relatively less of their resources on drugs and sundries and nonhospital-related physician services. The last fact reflects the greater variety of nonphysician office-based providers in mental health care and the greater number of nonoffice-based ambulatory care options. Consistent with these figures, although direct mental health costs accounted for approximately 7.7 percent of total U.S. health care expenditures in 1980, they accounted for 9.6 percent of all hospital costs and

[1] Two other studies have produced estimates of the cost of mental illness (Hodgson and Kopstein 1984; Harwood et al. 1984). Although the total direct costs are similar from study to study, the reader is cautioned that both the components included in each and the methodology used are different. Reference to the original reports is necessary to understand these differences in detail. Because the general methodology was similar between this study and that of Harwood et al., a few specific differences between the two are appropriate. In this study (1) alcohol and drug costs within mental health settings were not included, (2) the costs of community mental health center inpatient services in general hospitals were unduplicated from all general hospital psychiatric costs, and (3) nursing homes costs were estimated for specific length of stay groups.

[2] The estimate for drugs and sundries is based on a national survey of individuals; therefore, double counting may occur with those prescribed in hospitals.

Figure 4.1

Estimates of direct costs of mental health care:
Health and specialty mental health sectors
United States – 1980



only 3.0 percent of all nonhospital physician services costs. This 3.0 percent figure increases to approximately 5.0 percent when office-based psychologists and social workes are included as office-based health care providers.

Finally, nursing home costs were between 7.5 and 9.0 percent of direct mental health care costs. In 1980, Hodgson and Kopstein reported that nursing home care made up 9.4 percent of total health expenditures. The patterns of care in this area are similar in the two sectors. This is a somewhat surprising finding given the arguments that suggest that nursing homes have become major recipients of chronically mentally ill individuals.

As noted, expenditures, in contrast to economic costs, do not represent a net use of resources by society. Rather, they consist of transfers from one member of society to another. There are many such expenditures associated with mental illness. Transfers of food, clothing, and shelter provided to the mentally ill are prime examples. Such expenditures may come from many sources—family, friends, charitable organizations, and many different levels of government.

Tracing expenditures on the mentally ill is exceedingly difficult. Not only do such expenditures flow from many sources, but it is hard to determine which expenditures are really attributable to mental illness and which go to other poor, needy, or homeless individuals; hence, no attempt was made to derive a comprehensive estimate of expenditures attributable to mental illness. Instead, a subset of such expenditures was considered. Payments from the Social Security Administration (SSA) to disabled individuals classified as mentally ill were examined, although it is likely that SSA disability payments only reach a subset of the disabled population. Moreover, individuals receiving disability payments from SSA doubtlessly receive other transfers from sources mentioned above. For both these reasons, the estimates of expenditures provided are clearly conservative. Nevertheless, these estimates are the first of their type.

Social security payments to the mentally disabled came from the disability insurance component of the Old Age, Survivors, Disability, and Health Insurance Program (OASHI), which provides monthly cash payments to individuals judged to be disabled due to mentally related causes. Such causes included psychosis (schizophrenia), neuroses, personality disorders, and other nonpsychotic mental disorders. Excluded from this analysis were alcoholism, drug dependence, and alcoholic psychosis. Using information from a 1976 survey, it was estimated that in 1980, disability payments amounted to $12.8 billion. Based on calculations from the 1976 data, it was estimated $1.8 billion of these payments were for the mentally disabled.

In addition to payments to disabled workers, SSA makes payments to spouses of disabled workers and their children. In 1980, these payments amounted to $638 million for spouses and $1,983 million for children. Applying a similar methodology for these groups results in a total figure for 1980 of $2,089 million of disability payments attributable to mental illness. There are a number of other transfer programs serving the mentally ill. However, reliable data identifying those individuals who receive transfers because of their mental illness are not available. These programs include: welfare, foodstamps, and subsidized housing. Data herein represent a first attempt to assess transfer payments.

Growth in Costs of Mental Illness Over Time

The above estimates allow for a tentative assessment of the growth of the economic costs of mental illness over time, disaggregated into different cost components. To do this, 1980 estimates were compared with those of Cruze et al. (1981), who examined costs for 1977, and of Levine and Levine (1975), who examined costs for 1971. Such comparisons are made difficult by the different methodologies, data, and cost categories considered by the three studies. This analysis is restricted to categories that are sufficiently comparable, so figures can be assumed to be relatively reliable and meaningful.

The analysis of growth in economic costs was confined to core costs; that is, the direct costs of diagnosis, treatment, continuing care, and rehabilitation. Noncomparable categories were eliminated from these and Cruze et al.'s estimates. This leaves a set of comparable categories.[3] In each case, the methodology employed was the same as for the construction of 1980 figures. For more discussion of the nature of the modifications, see Frank and Kamlet (1984).

The 1977 total for the core categories was $9.7 billion and the 1980 total $13.6 billion, which represents an increase of 41.1 percent from 1977 to 1980. The Consumer Price Index (CPI) increased by 35.9 percent over this period, leaving a real level of growth in direct costs of approximately 1.7 percent per year (Gibson and Waldo 1982). This compares with an estimated real rate of growth in general health costs for the Nation of 3.6 percent over this period (U.S. Bureau of the Census 1981).

[3] Even here, however, further modification of the figures was required. The Cruze et al. figures were adjusted to eliminate alcohol- and drug abuse-related expenditures for private psychiatric hospitals and expenditures for mental retardation for State and county mental hospitals. Also, figures were constructed for 1977 VA psychiatric services, residential treatment centers, CMHC outpatient clinics, and the specialty mental health facilities.

However, these trends for mental health costs should be viewed with caution, since the figures in the Levine and Levine 1975 study come from quite different data sources than estimates herein and are not adjusted for alcoholism, drug-related, mental retardation, and senility without psychoses diagnoses. In total, for specialty mental health facilities and general hospitals expenditures, for which the figures are most comparable, the 1971 cost estimate was $4,552 million and the 1980 estimate $10,657. This represents a growth rate of 120.2 percent over the 9-year period, compared to an increase of 103.5 percent in the CPI, or a real rate of growth in direct mental health costs of approximately 1.7 percent per year. Total expenditures on health increased 198.9 percent over this same period.

In examining cost trends over time, some conclusions concerning the changing composition of the direct costs of mental health care during the 1970s also can be drawn from the Levine and Levine data. Both CMHCs and psychologist office-based costs increased markedly and absorbed a larger portion of the Nation's mental health dollar. Also, costs for general hospitals without psychiatric units and VA neuropsychiatric hospitals expanded at a rate faster than that of the mental health sector as a whole. In contrast, State and county mental hospitals and psychiatrist office costs declined both in real terms and as a percentage of direct mental health sector costs. It also appears the nursing home mental health costs have declined in real terms, but this is likely to be the result of differing methods of obtaining estimates.

Summary

The direct costs of mental health care in the United States were estimated to be between $17.2 and $19.9 billion in 1980. This represents roughly 7.4 percent of all expenditures on health care in 1980 and approximately 0.65 percent of the GNP. The specialty mental health sector of the economy makes, by far, the largest claim on resources for the provision of mental health care. Of all direct costs, 54 percent are incurred within that sector.

The annual real rate of growth in the direct costs of mental health care is estimated to be approximately 1.7 percent between 1977 and 1980. Comparison with the rate of growth (3.6 percent) in the health sector direct costs of health care as a whole indicates that the real claims on resources made by the mental health sector are decreasing relative to those made by all health care.

Within the specialty mental health sector, CMHCs and psychologist office-based costs increased markedly during the 1970s, while State and county mental hospitals and psychiatric office-based costs declined both in real terms and as a percentage of direct mental health sector costs. It also appears that nursing home mental health costs declined in real terms, but data problems make this conclusion very tentative.

Finally, although estimates of expenditures by SSA for the support of the mentally disabled does not represent a direct cost, these estimates are the first to include this important Government transfer payment; therefore, there should be a notable difference in the reliability of the estimates reported. However, there continue to be many important gaps in the data necessary to obtain a complete set of reliable direct costs estimates for mental health.

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Table 4.1. Total high and low estimates (in millions) of expenditures for mental health care: United States, 1980

Expenditure category	High	Low
Total	$ 24,079	$ 19,357
Direct costs [1]	19,901	17,224
Transfer payments:		
Social security disability payments [2,3]	1,877	
Title XX [4]	212	128
Additional expenditures	2,089	2,005

[1] See table 4.2 for complete breakdown.

[2] *Characteristics of Social Security Disability Insurance Beneficiaries*, by Burdette, M.D., and Baker, S. SSA Pub. No. 13-11943. Baltimore, Md.: Social Security Administration, July 1982.

[3] *Social Security Bulletin: Annual Statistical Supplement, 1981*. Baltimore, Md.: Social Security Administration, 1982.

[4] *Summaries and Characteristics of States' Title XX Social Services Plans for Fiscal Year 1979*, prepared by Kilgore, G., and Salmon, G. Washington, D.C.: Department of Health and Human Services, Office of the Assistant Secretary for Planning and Evaluation, June 15, 1979.

Table 4.2. Total estimates of direct costs (in millions) for mental health care, by sector and organization: United States, 1980

Sector/organization	Direct costs
All sectors	$19,901
Specialty mental health sector	10,657
State and county mental hospitals [1]	3,496
Non-Federal general hospital psychiatric services [1,2,3]	463
Private psychiatric hospitals [1]	760
VA psychiatric hospitals [1]	866
Community mental health centers [1]	1,515
Residential treatment centers for emotionally disturbed children [4]	446
Outpatient psychiatric clinics [1]	602
Psychiatrists' office practice [5]	844
Psychologists' office practice [5]	807
Social workers' office practice [6]	110
Psychotropic drugs [7,8]	513
Halfway houses [9]	43
Other [1]	192
General medical sector	6,090
Non-Federal general hospitals without psychiatric units [1,5,10]	3,188
VA general hospitals [1,11]	650
Nursing homes [12]	1,791
Nonpsychiatrist physicians [5]	461
Other health professionals	N.A.
Volunteer services	N.A.
Human services sector	2,916
Schools [13,14]	2,760
Criminal justice system [15,16]	156
Nonhealth sector (transportation) [5,17]	238

[1] Unpublished data from the Division of Biometry and Epidemiology, National Institute of Mental Health. Inventory of Mental Health Facilities, 1979.

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Chapter 5

Revenues and Expenditures of State Mental Health Agencies, 1981

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Introduction

The directors of the State mental health agencies (SMHAs) and the National Institute of Mental Health (NIMH) have been concerned that national data portraying the total funding of public mental health services can be fragmented, out of date, and unreliable. As State, Federal, and local agencies are called upon to develop programs responding to public mental health needs, to plan budgets and allocate resources, and to evaluate programs, they often are forced to act with less than full and accurate knowledge of all funds available and/or the distribution (expenditures) of such funds. In such an environment, it is difficult to develop rational, long-range mental health policies.

In response to these issues, the SMHA directors, through the National Association of State Mental Health Program Directors (NASMHPD), worked with NIMH to develop a reliable data base. In late 1982, NASMHPD, under contract from the Institute, compiled State mental health agency-controlled revenues and expenditures for FY 1981 (Revenue/Expenditure Study) and tested a methodology for compiling data that would reflect the expenditures incurred by other major State government entities and agencies on behalf of mentally ill persons (Feasibility Study). The two studies were completed in 1984.

Revenue/Expenditure Study Background

As the recipient of funds from a variety of sources, the SMHAs are the legal entities in all States having the statutory responsibility for determining the distribution of service funds under SMHA control. SMHAs allocate funds to most of the non-Federal public mental health providers in every State. The SMHAs administer public mental health delivery systems that own, operate, fund, regulate, and/or supervise over 12,000 facilities, agencies, and programs. As such, SMHA officials are accountable to the Federal government, the State legislature, governor, other branches of State government, constituency groups, local government, providers, and (ultimately) to current and potential clients. The "public trust" of the SMHA is of paramount importance since it is the SMHA that influences policy regarding the type and scope of institutional and community-based services, determines which disabilities (or disability groups) are eligible for funding, and shapes the long-range future of mental health services in each State.

Recent national data for public hospital and community-based services indicate that SMHAs fund services for literally hundreds of thousands of individuals (see chapter 3), all of whom are entitled to quality care in the least restrictive setting. Consequently, both the SMHA manager and State legislature are faced with difficult decisions regarding the effective distribution of dollars for a vast network of State and local agencies. Thus, the SMHA manager requires access to reliable fiscal data, which will provide crucial information regarding public financing of mental health. The absence of such data may create many difficulties for the SMHA decisionmaker including:

- ambiguously and poorly defined issues
- incomplete baseline information on the nature of the service system

Note: Narrative for this chapter was adapted from an article that appeared in the June/July 1984 issue of State Health Reports on Mental Health, Alcoholism, and Drug Abuse, published by the Intergovernmental Health Policy Project, Georgetown University. The project is funded by the Office of Research and Demonstrations, Health Care Financing Administration (HCFA) and the Office of Policy Development, Planning, and Evaluation, National Institute of Mental Health (NIMH).

- incomplete data regarding alternative strategies used by other States for allocating fiscal resources
- incomplete information regarding the consequences of utilizing these potential strategies
- incomplete national data regarding the range and content of values and preferences held by the various SMHAs

The information gap confronting the Federal, State, and local mental health service delivery systems was expressed clearly by the words of the President's Commission on Mental Health 1979 Task Force Report on Cost and Financing which observed that:

> Individual need for mental health services, the cost of providing services, and the costs accrued by not providing mental health care to those in need will continue with or without a valid data base. But the ability to base major policy decisions on sound projections, the ability to use finite resources to the best advantage of the largest number in need, and the ability to contain costs without risking quality depend on the commitment to fill existing data gaps.

Following the Commission's report, some improvement had been made in the development of financial data for use by Federal and State legislatures; national, State, and local public executives; and consumers. However, due to the existence of 50 unique State mental health systems and budgets, it was clear the development and collection of national financial data was beyond the resources of any one organization. The State mental health directors, through NASMHPD, agreed that the merging of Federal-State resources would help close the data gap by more fully describing a complete funding of mental health services in the United States.

Revenue/Expenditure Study Variables

The methodology that formed the basis of the study was predicated on the use of archival data, which portrayed actual revenues and expenditures under the direct control of the SMHA. These archival materials included, but were not limited to: SMHA expenditure reports, year-end compilation of revenue sources, internal SMHA working documents, published audits, and other financial documents. Identifiable SMHA expenditures for mental retardation/developmental disabilities programs, drug abuse programs, and alcoholism programs were not included. The use of archival documents, rather than "estimated" figures, was considered necessary to obtain valid and reliable data. Without reference to specific financial reports, it would be difficult (if not impossible) to verify figures and have an accessible data base to conduct any followup analysis.

The basic categories of data developed to compile the expenditure data were:

(1) State Mental Hospital Programs (containing the service settings: Acute Care Inpatient, Extended Care Inpatient, Forensic Services, Residential Services, and Outpatient/Community Services);
(2) Community-Based Programs (containing the service settings: Inpatient Services, Residential Services, Ambulatory Services, Other Community-Based Services, and Unknown Services); and
(3) SMHA Support Activities (including the subcategories: Research, Training, and SMHA Administration). The expenditures are displayed by administrative auspice, service settings, and age groups. Revenues are compiled by Federal, State, local, and other sources.

Revenue/Expenditure Study Findings

The NIMH/NASMHPD study of SMHA revenues and expenditures clearly demonstrated the extent to which SMHAs differ in their allocation of available fiscal resources. The study reflects the fiscal year 1981 State-by-State variation in the distribution of SMHA-controlled funds among various program auspices including State mental hospitals, community-based services, and the other SMHA support functions of research, administration, and training. More than 40 different tables were generated from these data to depict different aspects of each State's mental health system. Of these, selected tables are presented in this report.

On a national basis, State mental health agencies directly controlled and administered over $6 billion in fiscal year 1981 (table 5.1). State governments provide a substantial amount of the funds for the programs of State mental health agencies. Approximately $5 billion (or 80 percent) of the total $6.2 billion coming to the State mental health agencies is derived from State government sources of which the General Revenue Fund constituted nearly 90 percent ($4.6 billion). This indicates that the extent to which State legislatures have control over the amount and level of funding of such services is extremely great.

Prior to 1982, federally funded community mental health centers (CMHCs) received funding directly from the Federal Government. If a CMHC were operated by the State, the dollars were received by the State mental health agency. However, a large percentage of centers

were not directly under the SMHA and worked directly with the Federal Government in receiving their funding. This initial funding to the CMHC gradually diminished after start-up over an 8-year period. Often, the SMHA was asked to assume funding as Federal dollars diminished. With the advent of the Alcohol, Drug Abuse, and Mental Health Service (ADM) Block Grant, the SMHA now receives one allotment of Federal funds which it then distributes, as it sees fit, to the (orginally federally funded) comprehensive community mental health centers. The more limited set of funds and new distribution system are not reflected in the figures of this study, since the Omnibus Reconciliation Act (creating the Block Grants) was passed in August 1981. The figures of this study were collected during the transition period between direct Federal funding and the new Block Grant system.

With regard to Federal revenues, Federal Medicaid dollars are, by far, the largest proportion of Federal funds going to the State mental health agencies (table 5.7). Although some SMHAs may not capture Federal Medicaid dollars, there are some cases, such as New York, where as much as $258 million is used by the State mental health agency for mental health services. Other Federal funds consist of grant monies such as the NIMH Human Resources grants, NIMH Community Support Program grants for the chronically mentally ill, and vocational rehabilitation funds.

On the average, States are spending 66.5 percent of their mental health agency budgets in State mental hospitals and 29.7 percent on community-based programs to be administered by a variety of public and private agencies (table 5.1). Although State hospital populations declined significantly nationwide (from 500,000 in the early sixties to approximately 125,000 presently), deinstitutionalization has had a major impact on treatment modalities and treatment settings. The number of beds available in State mental hospitals, as well as length of stay in those beds, have significantly decreased over the past 20 years. However, annual admissions have increased nationally in this same time period. This indicates that although the State hospital represents a smaller unit than it did 20 years ago, it must have the capacity to serve the increased admissions and discharges over a 12-month period. Consequently, it may be necessary to maintain and to keep the facility available for people who cannot cope at a community level and have no other alternative for treatment.

The findings of the study also indicate that all the States spent a variable percentage of their resources on mental health services. When comparing per capita expenditures across States (table 5.2), some significant differences can be observed. These range from a high of $66.74 to a low of $7.90, with a national average of $24.30.

Highlights from the SMHA-controlled expenditure data indicate:

(1) Total SMHA-controlled expenditures in FY 1981 were $6,098,422,000.
(2) State mental health hospital programs averaged 66.5 percent of total SMHA-controlled expenditures and varied from a high of 90.7 percent to a low of 20.7 percent.
(3) Community-based programs averaged 29.7 percent of total SMHA-controlled expenditures and varied from a high of 78.5 percent to a low of 5.7 percent.
(4) Inpatient services accounted for 60.2 percent of total SMHA-controlled expenditures.

Highlights from the revenue tables indicate:

(1) The majority (79.6 percent) of all SMHA-controlled revenues come from State government sources.
(2) Federal Government funds represent 12.9 percent (over $800 million) of total SMHA-controlled revenues.
(3) Medicaid represents the largest Federal revenue source (68.1 percent) of all Federal funds to SMHAs.
(4) State funds represent 78.6 percent of all SMHA-controlled funds received by State mental hospitals.
(5) State funds represent 80.5 percent of all SMHA-controlled funds received by community-based programs.
(6) Federal funds represent 15.0 percent of all SMHA-controlled funds received by State mental hospitals.

Implications of the Revenue Expenditure Study

The Revenue/Expenditure study data are useful to both State and national mental health policymakers for understanding the nature of the State mental health system, the overall national magnitude of the system, and the mix of services within the system. Individual States can use the data in selecting comparable States with which to conduct inter-State comparisions.

To observe the dynamic changes in State mental health services, the Revenue/Expenditure study must be replicated. Under contract from NIMH, NASMHPD is replicating the study, based on FY 1983 data. For the first time, this will permit comparisons of changes over time in the funding of mental health services, using a standardized national database. In addition, the 1983 study will include data on the expenditures of other State agencies for services for the mentally ill.

Table 5.1. State mental health agency expenditures, by major programs and State population rank, 1981

State	Pop rank	State mental hospitals †	Percent	Community-based programs ††	Percent	Research and training	Percent	SMHA administration	Percent	Total SMHA MH expenditures	Total rank
California	1	$ 210,694,000	31.0	$ 453,322,000	66.6	$ 381,000	0.1	$ 15,877,000	2.3	$ 680,274,000	2
New York	2	983,663,000	83.9	127,268,181	10.9	22,129,000	1.9	38,717,000	3.3	1,171,777,181	1
Texas	3	135,526,456	70.9	43,144,792	22.6	3,164,111	1.7	9,233,935	4.8	191,069,294	9
Pennsylvania	4	374,702,000	77.9	91,312,378	19.0	12,368,000	2.6	2,729,000	0.6	481,111,378	3
Illinois	5	145,110,400	71.2	48,804,500	24.0	[8,170,300]	UA	9,800,000	4.8	203,714,900	7
Ohio	6	167,585,383	62.8	82,167,074	30.8	3,222,757	1.2	13,692,812	5.1	266,668,026	5
Florida	7	125,775,820	62.6	73,787,967	36.8	UA	UA	1,217,550	0.6	200,781,337	8
Michigan	8	190,500,000	63.7	100,400,000	33.6	UA	UA	8,000,000	2.7	298,900,000	4
New Jersey	9	110,281,077	64.1	58,310,423	33.9	250,028	0.1	3,128,439	1.8	171,969,967	10
North Carolina	10	103,134,036	69.7	44,183,902	29.9	118,978	0.1	463,946	0.3	147,900,862	11
Massachusetts	11	109,819,171	52.5	93,884,185	44.9	UA	UA	5,418,797	2.6	209,122,153	6
Indiana	12	69,509,926	67.3	31,982,608	31.0	229,441	0.2	1,485,370	1.4	103,207,345	17
Georgia	13	125,316,360	90.7	9,328,697	6.8	0	0.0	3,460,179	2.5	138,105,236	12
Virginia	14	99,493,670	83.2	16,163,342	13.5	1,900,000	1.6	2,056,152	1.7	119,612,964	13
Missouri	15	70,255,866	60.6	41,709,325	36.0	448,310	0.4	3,425,291	3.0	115,838,792	15
Wisconsin	16	22,024,045	20.7	83,406,822	78.5	UA	UA	795,082	0.7	106,225,949	16
Tennessee	17	65,219,760	79.6	13,770,381	16.8	797,468	1.0	2,195,977	2.7	81,983,586	20
Maryland	18	83,910,873	70.3	31,765,923	26.6	3,064,865	2.6	542,477	0.5	119,284,138	14
Louisiana	19	59,986,017	74.6	17,029,207	21.2	846,285	1.1	2,538,855	3.2	80,400,364	21
Washington	20	36,269,052	48.7	36,083,965	48.5	5,880	0.0	2,099,182	2.8	74,458,079	23
Minnesota	21	39,739,081	57.2	29,455,236	42.4	UA	UA	334,376	0.5	69,528,693	25
Alabama	22	61,814,145	79.5	12,231,183	15.7	UA	UA	3,719,581	4.8	77,764,909	22
Kentucky	23	32,069,858	59.3	20,638,943	38.2	0	0.0	1,381,661	2.6	54,090,462	28
South Carolina	24	65,923,065	68.7	18,303,610	19.1	6,014,015	6.3	5,657,017	5.9	95,897,707	19
Connecticut	25	66,933,907	67.8	23,218,799	23.5	3,455,238	3.5	5,178,556	5.2	98,786,520	18
Oklahoma	26	44,707,942	65.8	20,059,335	29.5	UA	UA	3,156,971	4.6	67,924,248	26
Iowa	27	22,578,920	98.1	NR		327,500	1.4	115,500	0.5	23,021,920	41
Colorado	28	43,576,719	62.3	24,645,719	35.2	668,118	1.0	1,106,724	1.6	69,997,280	24
Arizona	29	16,485,326	59.3	10,858,588	39.0	356,175	1.3	117,865	0.4	27,817,934	37
Oregon	30	31,199,508	57.2	19,619,058	36.0	UA	UA	3,727,208	6.8	54,545,774	27
Mississippi	31	31,529,309	91.2	1,954,511	5.7	3,023	0.0	1,084,413	3.1	34,571,256	32
Kansas	32	35,377,659	85.8	4,517,222	11.0	1,081,696	2.6	258,246	0.6	41,234,823	29
Arkansas	33	16,381,584	42.5	15,496,908	40.2	UA	UA	6,654,517	17.3	38,533,009	30
West Virginia	34	24,298,244	63.1	13,959,355	36.3	UA	UA	241,982	0.6	38,499,581	31
Nebraska	35	18,094,780	77.9	4,168,388	17.9	UA	UA	966,981	4.2	23,230,149	40
Utah	36	9,990,922	49.5	9,689,576	48.0	95,666	0.5	411,298	2.0	20,187,462	42
New Mexico	37	22,535,400	71.9	7,567,900	24.2	UA	UA	1,217,753	3.9	31,321,053	35
Maine	38	20,889,313	74.1	6,458,867	22.9	120,458	0.4	730,721	2.6	28,199,359	36
Hawaii	39	7,153,044	41.0	9,473,829	54.3	130,954	0.8	698,800	4.0	17,456,627	45
Rhode Island	40	28,355,483	83.2	5,170,695	15.2	256,600	0.8	297,317	0.9	34,079,895	33

See footnotes at end of table.

135A

Table 5.1. State mental health agency expenditures, by major programs and State population rank, 1981 (continued)

State	Pop rank	State Mental hospitals †	Percent	Community-based programs ††	Percent	Research and training	Percent	SMHA administration	Percent	Total SMHA MH expenditures	Total rank
Idaho	41	$ 7,378,200	57.5	$ 4,922,900	38.4	95,500	0.7	$ 434,400	3.4	$ 12,831,000	48
New Hampshire	42	25,124,556	75.7	6,405,533	19.3	88,906	0.3	1,575,215	4.7	33,194,210	34
Nevada	43	7,496,936	41.2	10,241,084	56.3	44,742	0.2	410,733	2.3	18,193,495	44
Montana	44	11,498,567	59.3	7,437,599	38.3	287,168	1.5	175,463	0.9	19,398,797	43
South Dakota	45	9,162,618	78.3	2,280,984	19.5	71,647	0.6	186,216	1.6	11,701,465	49
North Dakota	46	15,825,968	63.3	8,640,453	34.6	UA	UA	529,898	2.1	24,996,319	39
Delaware	47	22,379,403	85.5	2,481,600	9.5	1,136,485	4.3	185,900	0.7	26,183,388	38
Vermont	48	8,649,041	52.1	7,689,493	46.3	UA	UA	268,578	1.6	16,607,112	46
Wyoming	49	8,620,424	76.1	2,640,000	23.3	0	0.0	74,535	0.7	11,334,959	50
Alaska	50	9,828,800	66.0	4,073,700	27.4	UA	UA	984,700	6.6	14,887,200	47
Total	50	$4,054,375,434	66.5	$1,812,126,740	29.7	$63,159,834	1.0	$168,760,149	2.8	$6,098,422,157	50

Note: Discrepancies between data reported in this table for State mental hospitals and data reported in table 3.2 of chapter 3 of this report are due to differences in data acquisition methodologies. Data reported in chapter 3 were tabulated from those provided by individual State and county mental hospitals and include all expenditures, regardless of the source of these funds. In addition, these data include capital outlay expenditures. Data reported in chapter 3 include only those State hospital funds controlled by State mental health agencies, and capital outlay expenditures were excluded.

UA = Services provided, but exact expenditures unallocatable.

NR = SMHA not responsible for community-based programs in FY '81.

[ ] = Funds identifiable, but unallocatable from mental hospitals and community program expenditures.

† = Includes State hospital expenditures for inpatient, residential, forensic, and community (outpatient) services.

†† = Includes inpatient, ambulatory, and residential services.

Table 5.2. State mental health agency per capita expenditures, by major programs and State population rank, 1981

State	State pop rank	State mental hospitals †	Percent	Community based programs ††	Percent	Research and training	Percent	SMHA administration	Percent	Total SMHA MH expenditures	Per capita rank
California	1	$ 8.90	31.0	$19.15	66.6	$ 0.02	0.1	$ 0.67	2.3	$28.74	13
New York	2	56.02	83.9	7.25	10.9	1.26	1.9	2.21	3.3	66.74	1
Texas	3	9.52	70.9	3.03	22.6	0.22	1.7	0.65	4.8	13.43	48
Pennsylvania	4	31.58	77.9	7.70	19.0	1.04	2.6	0.23	0.6	40.55	3
Illinois	5	12.70	71.2	4.27	24.0	[0.72]	UA	0.86	4.8	17.83	38
Ohio	6	15.52	62.8	7.61	30.8	0.30	1.2	1.27	5.1	24.70	18
Florida	7	12.90	62.6	7.57	36.8	UA	UA	0.12	0.6	20.60	30
Michigan	8	20.57	63.7	10.84	33.6	UA	UA	0.86	2.7	32.27	10
New Jersey	9	14.97	64.1	7.92	33.9	0.03	0.1	0.42	1.8	23.35	24
North Carolina	10	17.53	69.7	7.51	29.9	0.02	0.1	0.08	0.3	25.15	16
Massachusetts	11	19.14	52.5	16.36	44.9	UA	UA	0.94	2.6	36.45	6
Indiana	12	12.66	67.3	5.83	31.0	0.04	0.2	0.27	1.4	18.80	34
Georgia	13	22.94	90.7	1.71	6.8	0.00	0.0	0.63	2.5	25.28	15
Virginia	14	18.61	83.2	3.02	13.5	0.36	1.6	0.38	1.7	22.37	28
Missouri	15	14.29	60.6	8.48	36.0	0.09	0.4	0.70	3.0	23.56	23
Wisconsin	16	4.68	20.7	17.72	78.5	UA	UA	0.17	0.7	22.57	26
Tennessee	17	14.21	79.6	3.00	16.8	0.17	1.0	0.48	2.7	17.86	37
Maryland	18	19.90	70.3	7.53	26.6	0.73	2.6	0.13	0.5	28.29	14
Louisiana	19	14.26	74.6	4.05	21.2	0.20	1.1	0.60	3.2	19.12	33
Washington	20	8.78	48.7	8.73	48.5	0.00	0.0	0.51	2.8	18.02	36
Minnesota	21	9.75	57.2	7.23	42.4	UA	UA	0.08	0.5	17.06	40
Alabama	22	15.87	79.5	3.14	15.7	UA	UA	0.96	4.8	19.97	31
Kentucky	23	8.76	59.3	5.64	38.2	0.00	0.0	0.38	2.6	14.78	44
South Carolina	24	21.12	68.7	5.86	19.1	1.93	6.3	1.81	5.9	30.72	12
Connecticut	25	21.54	67.8	7.47	23.5	1.11	3.5	1.67	5.2	31.79	11
Oklahoma	26	14.78 *	65.8	6.63	29.5	UA	UA	1.04	4.6	22.45	27
Iowa	27	7.75	98.1	NR	NR	0.11	1.4	0.04	0.5	7.90	50
Colorado	28	15.08	62.3	8.53	35.2	0.23	1.0	0.38	1.6	24.22	20
Arizona	29	6.06	59.3	3.99	39.0	0.13 *	1.3	0.04	0.4	10.23	49
Oregon	30	11.85	57.2	7.45	36.0	UA	UA	1.42	6.8	20.72	29

See footnotes at end of table.

Table 5.2. State mental health agency per capita expenditures, by major programs and State population rank, 1981 (continued)

State	State pop rank	State mental hospitals †	Percent	Community based programs ††	Percent	Research and training	Percent	SMHA administration	Percent	Total SMHA MH expenditures	Per capita rank
Mississippi	31	$12.51	91.2	$ 0.78	5.7	$ 0.00	0.0	$ 0.43	3.1	$13.72	46
Kansas	32	14.97	85.8	1.91	11.0	0.46	2.6	0.11	0.6	17.45	39
Arkansas	33	7.16	42.5	6.78	40.2	UA	UA	2.91	17.3	16.85	42
West Virginia	34	12.46	63.1	7.16	36.3	UA	UA	0.12	0.6	19.75	32
Nebraska	35	11.53	77.9	2.66	17.9	UA	UA	0.62	4.2	14.80	43
Utah	36	6.84	49.5	6.63	48.0	0.07	0.5	0.28	2.0	13.82	45
New Mexico	37	17.30	71.9	5.81	24.2	UA	UA	0.93	3.9	24.04	22
Maine	38	18.57	74.1	5.74	22.9	0.11	0.4	0.65	2.6	25.07	17
Hawaii	39	7.41	41.0	9.82	54.3	0.14	0.8	0.72	4.0	18.10	35
Rhode Island	40	29.94	83.2	5.46	15.2	0.27	0.8	0.31	0.9	35.98	8
Idaho	41	7.82	57.5	5.22	38.4	0.10	0.7	0.46	3.4	13.59	47
New Hampshire	42	27.29	75.7	6.96 *	19.3	0.10	0.3	1.71	4.7	36.06	7
Nevada	43	9.37	41.2	12.79	56.3	0.06	0.2	0.51 *	2.3	22.73 *	25
Montana	44	14.62	59.3	9.45	38.3	0.37	1.5	0.22	0.9	24.66	19
South Dakota	45	13.26	78.3	3.30	19.5	0.10	0.6	0.27	1.6	16.94	41
North Dakota	46	24.25	63.3	13.24	34.6	UA	UA	0.81	2.1	38.30	4
Delaware	47	37.65	85.5	4.18	9.5	1.91	4.3	0.31	0.7	44.05	2
Vermont	48	16.91	52.1	15.03	46.3	UA	UA	0.53	1.6	32.47	9
Wyoming	49	18.36	76.1	5.62	23.3	0.00	0.0	0.16	0.7	24.14	21
Alaska	50	24.46	66.0	10.14	27.4	UA	UA	2.45	6.6	37.05	5
Average		$16.30	67.1	$ 7.22	29.7	$ 0.34	1.4	$ 0.69	2.8	$24.30	

UA = Services provided, but exact expenditures unallocatable.
NR = SMHA not responsible for community based programs in FY '81.
[ ] = Funds identifiable, but unallocatable from State hospitals and community program expenditures.
† = Includes State hospital expenditures for inpatient, residential, forensic, and community (outpatient) services.
†† = Includes inpatient, ambulatory, and residential services.
* = Median values.

Table 5.3. State mental health agency expenditures for State mental hospitals and community-based programs, by type of service setting and State, 1981

State	Inpatient	Percent	Residential	Percent	Ambulatory	Percent	Other care settings	Percent	Unknown/ combined settings	Percent	Total service expenditures	Total rank
Alabama	$ 61,470,676	83.0	$ UA	UA	$ UA	UA	$ 343,469	0.5	$ 12,231,183	16.5	$ 74,045,328	22
Alaska	9,561,600	68.8	0	0.0	UA	UA	267,200	1.9	4,073,700	29.3	13,902,500	47
Arizona	14,177,016	51.8	UA	UA	UA	UA	2,308,310	8.4	10,858,588	39.7	27,343,914	37
Arkansas	15,024,709	47.1	1,548,559	4.9	14,037,337	44.0	1,267,887	4.0	0	0.0	31,878,492	33
California	254,781,000	38.4	24,445,000	3.7	240,796,000	36.3	125,255,000	18.9	18,739,000 *	2.8	664,016,000	2
Colorado	35,686,922 *	52.3	2,444,525 *	3.6	18,515,042	27.1	11,575,949	17.0	0	0.0	68,222,438 *	25
Connecticut	62,467,447	69.3	UA	UA	UA	UA	6,448,603	7.2	21,236,656	23.6	90,152,706	18
Delaware	14,586,363	58.7	7,224,065	29.1	2,401,155	9.7	649,420	2.6	UA	UA	24,861,003	38
Florida	119,637,102	59.9	2,599,111	1.3	UA	UA	20,193,405	10.1	57,134,169	28.6	199,563,787	7
Georgia	121,988,044	90.6	252,813	0.2	6,138,608	4.6	3,328,316	2.5	2,937,276	2.2	134,645,,057	12
Hawaii	5,903,786	35.5	250,000	1.5	8,833,837	53.1	1,639,250	9.9	UA	UA	16,626,873	45
Idaho	7,378,200	60.0	141,700	1.2	UA	UA	UA	UA	4,781,200	38.9	12,301,100	48
Illinois	6,266,500	3.2	4,298,900	2.2	38,239,100	19.7	UA	UA	145,110,400	74.8	193,914,900	8
Indiana	74,808,633	73.7	4,092,330	4.0	19,347,497	19.1	3,244,074	3.2	0	0.0	101,492,534	17
Iowa	UA	UA	UA	UA	UA	UA	UA	UA	22,578,920	100.0	22,578,920	40
Kansas	28,604,214	71.7	UA	UA	945,029	2.4	5,828,416	14.6	4,517,222	11.3	39,894,881	29
Kentucky	30,272,000	57.4	UA	UA	UA	UA	1,797,858	3.4	20,638,943	39.2	52,708,801	27
Louisiana	55,517,973	72.1	UA	UA	UA	UA	4,468,044	5.8	17,029,207	22.1	77,015,224	21
Maine	19,360,262	70.8	2,413,624	8.8	206,775	0.8	698,030	2.6	4,669,489	17.1	27,348,180	36
Maryland	77,535,303	67.0	UA	UA	2,983,819	2.6	6,441,644	5.6	28,716,030	24.8	115,676,796	13
Massachusetts	108,546,507	53.3	9,404,874	4.6	UA	UA	1,272,664	0.6	84,479,311	41.5	203,703,356	6
Michigan	UA	UA	19,100,000	6.6	UA	UA	UA	UA	271,800,000	93.4	290,900,000	4
Minnesota	39,739,081	57.4	UA	UA	UA	UA	UA	UA	29,455,236	42.6	69,194,317	24
Mississippi	31,007,125	92.6	UA	UA	2,476,695	7.4	UA	UA	0	0.0	33,483,820	32
Missouri	68,480,744	61.2	8,431,051	7.5	4,965,947	4.4	3,578,229	3.2	26,509,220	23.7	111,965,191	15
Montana	10,951,954	57.8	684,259	3.6	5,600,512	29.6	1,699,441	9.0	0	0.0	18,936,166	43
Nebraska	14,295,101	64.2	152,388	0.7	4,101,927	18.4	3,713,752	16.7	0	0.0	22,263,168	41
Nevada	6,293,544	35.5	100,618	0.6	UA	UA	4,082,894	23.0	7,260,964	40.9	17,738,020	44
New Hampshire	23,482,362	74.5	151,575	0.5	UA	UA	1,642,194	5.2	6,253,958	19.8	31,530,089	34
New Jersey	137,150,963	81.4	3,001,780	1.8	20,512,168	12.2	4,199,245	2.5	3,727,344	2.2	168,591,500	10

See footnotes at end of table.

Table 5.3. State mental health agency expenditures for State mental hospitals and community-based programs, by type of service setting and State, 1981 (continued)

State	Inpatient	Percent	Residential	Percent	Ambulatory	Percent	Other care settings	Percent	Unknown/ combined settings	Percent	Total service expenditures	Total rank
New Mexico	$ 15,403,700	51.2	$ 5,486,100	18.2	$ UA	UA	$ 1,645,600	5.5	$ 7,567,900	25.1	$ 30,103,300	35
New York	892,136,136	80.3	23,191,121	2.1	133,348,000	12.0	33,705,510	3.0	28,550,414	2.6	1,110,931,181	1
North Carolina	101,557,500	68.9	UA	UA	UA	UA	1,576,536	1.1	44,183,902	30.0	147,317,938	11
North Dakota	15,825,968	64.7	871,593	3.6	7,768,860	31.8	UA	UA	0	0.0	24,466,421	39
Ohio	152,882,341	61.2	UA	UA	UA	UA	96,870,116	38.8	UA	UA	249,752,457	5
Oklahoma	41,773,043	64.5	1,801,753	2.8	815,375	1.3	317,771	0.5	20,059,335	31.0	64,767,277	26
Oregon	26,821,312	52.8	2,503,710	4.9	14,286,684	28.1	7,206,860	14.2	0	0.0	50,818,566	28
Pennsylvania	343,753,856	73.8	29,964,842	6.4	63,975,082	13.7	28,320,598	6.1	0	0.0	466,014,378	3
Rhode Island	27,188,699	81.1	615,967	1.8	2,977,812	8.9	2,743,700	8.2	0	0.0	33,526,178	31
South Carolina	57,763,530	68.6	5,394,901	6.4	467,627	0.6	6,008,166	7.1	14,592,451	17.3	84,226,675	19
South Dakota	9,162,618	80.1	75,000	0.7	2,000,891	17.5	205,093	1.8	0	0.0	11,443,602	49
Tennessee	39,637,518	50.2	24,437,881	30.9	UA	UA	1,147,620	1.5	13,767,122	17.4	78,990,141	20
Texas	121,812,230	68.2	1,361,553	0.8	12,352,673	6.9	UA	UA	43,144,792	24.1	178,671,248	9
Utah	7,170,988	36.4	UA	UA	UA	UA	2,819,934 *	14.3	9,689,576	49.2	19,680,498	42
Vermont	8,344,679	51.1	1,261,358	7.7	6,184,318 *	37.9	548,179	3.4	0	0.0	16,338,534	46
Virginia	95,908,587	82.9	1,173,459	1.0	14,745,816	12.7	3,828,950	3.3	0	0.0	115,656,812	14
Washington	36,269,052	50.1	5,070,966	7.0	79,449	0.1	9,591,947	13.3	21,341,603	29.5	72,353,017	23
West Virginia	24,298,244	63.5	UA	UA	UA	UA	UA	UA	13,959,355	36.5	38,257,599	30
Wisconsin	53,707,362	50.9	7,232,176	6.9	37,048,509	35.1	7,442,820	7.1	0	0.0	105,430,867	16
Wyoming	7,564,660	67.2	UA	UA	UA	UA	1,055,764	9.4	2,640,000	23.4	11,260,424	50
Total	$3,533,957,154	60.2	$201,179,552	3.4	$686,152,544	11.7	$420,978,458	7.2	$1,024,234,466	17.5	$5,866,502,174	50
Average	73,624,107	62.7	5,747,987	4.9	23,660,433	20.2	10,267,767	8.8	21,792,223	18.6	117,330,043	

UA = Services provided, but exact expenditures unallocatable.
* = Median values.

Table 5.4. State mental health agency per capita expenditures for State mental hospitals and community-based programs, by type of service setting and State, 1981

State	Inpatient	Percent	Residential	Percent	Ambulatory	Percent	Other care settings	Percent	Unknown/ combined settings	Percent	Total service expenditures	Total rank
Alabama	$15.79	83.0	$ UA	UA	$ UA	UA	$ 0.09	0.5	$ 3.14	16.5	$19.02	32
Alaska	23.79	68.8	0.00	0.0	UA	UA	0.66	1.9	10.14	29.3	34.60	7
Arizona	5.22	51.8	UA	UA	UA	UA	0.85	8.4	3.99	39.7	10.06	49
Arkansas	6.57	47.1	0.68	4.9	6.14	44.0	0.55	4.0	0.00	0.0	13.94	44
California	10.76	38.4	1.03	3.7	10.17	36.3	5.29	18.9	0.79	2.8	28.06	12
Colorado	12.35	52.3	0.85	3.6	6.41	27.1	4.01	17.0	0.00	0.0	23.61	20
Connecticut	20.10	69.3	UA	UA	UA	UA	2.08	7.2	6.83	23.6	29.01	11
Delaware	24.54	58.7	12.15	29.1	4.04	9.7	1.09	2.6	UA	UA	41.83	2
Florida	12.28	59.9	0.27	1.3	UA	UA	2.07	10.1	5.86	28.6	20.48	29
Georgia	22.33	90.6	0.05	0.2	1.12	4.6	0.61	2.5	0.54	2.2	24.65	16
Hawaii	6.12	35.5	0.26	1.5	9.16	53.1	1.70	9.9	UA	UA	17.24	36
Idaho	7.82	60.0	0.15	1.2	UA	UA	UA	UA	5.07	38.9	13.03	47
Illinois	0.55	3.2	0.38	2.2	3.35	19.7	UA	UA	12.70	74.8	16.97	39
Indiana	13.63 *	73.7	0.75	4.0	3.52	19.1	0.59	3.2	0.00	0.0	18.49	33
Iowa	UA	UA	UA	UA	UA	UA	UA	UA	7.75	100.0	7.75	50
Kansas	12.10	71.7	UA	UA	0.40	2.4	2.47	14.6	1.91	11.3	16.88	40
Kentucky	8.27	57.4	UA	UA	UA	UA	0.49	3.4	5.64	39.2	14.40	42
Louisiana	13.20	72.1	UA	UA	UA	UA	1.06	5.8	4.05 *	22.1	18.31	34
Maine	17.21	70.8	2.15	8.8	0.18	0.8	0.62	2.6	4.15	17.1	24.32	17
Maryland	18.39	67.0	UA	UA	0.71	2.6	1.53 *	5.6	6.81	24.8	27.43	13
Massachusetts	18.92	53.3	1.64	4.6	UA	UA	0.22	0.6	14.73	41.5	35.51	5
Michigan	UA	UA	2.06	6.6	UA	UA	UA	UA	29.35	93.4	31.41	10
Minnesota	9.75	57.4	UA	UA	UA	UA	UA	UA	7.23	42.6	16.98	38
Mississippi	12.30	92.6	UA	UA	0.98	7.4	UA	UA	0.00	0.0	13.28	46
Missouri	13.93	61.2	1.71	7.5	1.01	4.4	0.73	3.2	5.39	23.7	22.77	24
Montana	13.92	57.8	0.87 *	3.6	7.12	29.6	2.16	9.0	UA	UA	24.07	18
Nebraska	9.11	64.2	0.10	0.7	2.61	18.4	2.37	16.7	0.00	0.0	14.18	43
Nevada	7.86	35.5	0.13	0.6	UA	UA	5.10	23.0	9.07	40.9	22.16	26
New Hampshire	25.51	74.5	0.16	0.5	UA	UA	1.78	5.2	6.79	19.8	34.25	8
New Jersey	18.62	81.4	0.41	1.8	2.79	12.2	0.57	2.5	0.51	2.2	22.89	23

See footnotes at end of table

Table 5.4. State mental health agency per capita expenditures for State mental hospitals and community-based programs, by type of service setting and State, 1981 (continued)

State	Inpatient	Percent	Residential	Percent	Ambulatory	Percent	Other care settings	Percent	Unknown/ combined settings	Percent	Total service expenditures	Total rank
New Mexico	$11.82	51.2	$ 4.21	18.2	$ UA	UA	$ 1.26	5.5	$ 5.81	25.1	$23.10	22
New York	50.81	80.3	1.32	2.1	7.59	12.0	1.92	3.0	1.63	2.6	63.27	1
North Carolina	17.27	68.9	UA	UA	UA	UA	0.27	1.1	7.51	30.0	25.05	15
North Dakota	24.25	64.7	1.34	3.6	11.90	31.8	UA	UA	0.00	0.0	37.48	4
Ohio	14.16	61.2	UA	UA	UA	UA	8.97	38.8	UA	UA	23.13	21
Oklahoma	13.81	64.5	0.60	2.8	0.27	1.3	0.11	0.5	6.63	31.0	21.41	28
Oregon	10.19	52.8	0.95	4.9	5.43	28.1	2.74	14.2	0.00	0.0	19.30	31
Pennsylvania	28.97	73.8	2.53	6.4	5.39	13.7	2.39	6.1	0.00	0.0	39.28	3
Rhode Island	28.71	81.1	0.65	1.8	3.14 *	8.9	2.90	8.2	0.00	0.0	35.40	6
South Carolina	18.50	68.6	1.73	6.4	0.15	0.6	1.92	7.1	4.67	17.3	26.98	14
South Dakota	13.26	80.1	0.11	0.7	2.90	17.5	0.30	1.8	0.00	0.0	16.57	41
Tennessee	8.63	50.2	5.32	30.9	UA	UA	0.25	1.5	3.00	17.4	17.20	37
Texas	8.56	68.2	0.10	0.8	0.87	6.9	UA	UA	3.03	24.1	12.56	48
Utah	4.91	36.4	UA	UA	UA	UA	1.93	14.3	6.63	49.2	13.47	45
Vermont	16.32	51.1	2.47	7.7	12.09	37.9	1.07	3.4	0.00	0.0	31.95	9
Virginia	17.94	82.9	0.22	1.0	2.76	12.7	0.72	3.3	0.00	0.0	21.63	27
Washington	8.78	50.1	1.23	7.0	0.02	0.1	2.32	13.3	5.16	29.5	17.51	35
West Virginia	12.46	63.5	UA	UA	UA	UA	UA	UA	7.16	36.5	19.62	30
Wisconsin	11.41	50.9	1.54	6.9	7.87	35.1	1.58	7.1	0.00	0.0	22.40 *	25
Wyoming	16.11	67.2	UA	UA	UA	UA	2.25	9.4	5.62	23.4	23.98	19
Average	$14.95	64.0	$ 1.43	6.1	$ 4.16	17.7	$ 1.75	7.5	$ 4.55	19.5	$23.38	

UA = Services provided, but exact expenditures unallocatable.
* = Median values.

Table 5.5. State mental health agency revenues, by revenue source and State, 1981

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payment	Percent	Other sources	Percent	Total revenues	Per capita revenues
Alabama	$ 67,628,090	86.7	$ 6,250,180	8.0	$ 268,692	0.3	$ 2,102,413	2.7	$ 1,715,534	2.2	$ 77,764,909	$19.97
Alaska	14,689,300	98.7	88,300	0.6	0	0.0	0	0.0	109,600	0.7	14,887,200	37.05
Arizona	27,899,300	89.8	722,800	2.3	0	0.0	2,098,800	6.8	362,200	1.2	31,083,100	11.44
Arkansas	19,545,892	50.3	17,849,937	45.9	0	0.0	1,478,325	3.8	0	0.0	38,874,154	17.00
California	609,603,369	89.7	721,644	0.1	68,932,987	10.1	0	0.0	363,000	0.1	679,621,000	28.71
Colorado	51,792,420	73.2	12,882,252	18.2	0	0.0	5,261,808	7.4	810,000	1.1	70,726,480	24.67
Connecticut	97,319,891	98.5	1,449,651	1.5	0	0.0	[9,238,122]	UA	16,978	0.0	98,786,520	31.79
Delaware	26,183,388	100.0	[4,850,513]	UA	0	0.0	[2,032,456]	UA	0	0.0	26,183,388	44.05
Florida	149,172,931	74.3	23,344,614	11.6	23,800,359	11.9	4,463,633	2.2	0	0.0	200,781,337	20.60
Georgia	181,163,595	85.7	21,971,371	10.4	0	0.0	4,971,889	2.4	3,322,870	1.6	211,409,725	38.70
Hawaii	14,539,304	83.3	2,917,323	16.7	0	0.0	0	0.0	0	0.0	17,456,627	18.10
Idaho	8,996,100	70.1	1,039,200	8.1	0	0.0	2,039,500	15.9	756,200	5.9	12,831,000	13.59
Illinois	181,014,900	88.9	18,100,000	8.9	0	0.0	4,600,000	2.3	0	0.0	203,714,900	17.83
Indiana	104,545,973	85.2	8,287,491	6.8	0	0.0	9,828,989	8.0	0	0.0	122,662,453	22.34
Iowa	5,990,420	26.0	3,618,990	14.9	11,357,197	49.3	UA	UA	UA	UA	23,021,920	7.90
Kansas	30,897,963	74.9	5,749,658	13.9	0	0.0	4,361,660	10.6	225,742	0.5	41,234,823	17.45
Kentucky	60,168,766	66.1	20,638,943	33.9	UA	UA	UA	UA	UA	UA	60,807,709	16.61
Louisiana	74,539,575	92.7	5,860,789	7.3	0	0.0	0	0.0	0	0.0	80,400,364	19.12
Maine	27,991,926	98.0	558,989	2.0	0	0.0	0	0.0	0	0.0	28,550,915	25.39
Maryland	117,418,090	98.4	1,411,056	1.2	437,069	0.4	0	0.0	17,923	0.0	119,284,138	28.29
Massachusetts	199,692,008	93.5	8,591,951	4.0	0	0.0	34,036	0.0	5,243,853	2.5	213,581,848	37.23
Michigan	298,900,000	100.0	UA	UA	0	0.0	0	0.0	UA	UA	298,900,000	32.27
Minnesota	36,783,034	52.9	6,884,216	9.9	22,301,579	32.1	3,559,834	5.1	0	0.0	69,528,663	17.06
Mississippi	29,294,727	84.7	3,654,301	10.6	0	0.0	0	0.0	1,622,228	4.7	34,571,256	13.72
Missouri	112,768,007	97.3	3,042,829	2.6	0	0.0	0	0.0	27,956	0.0	115,838,792	23.56
Montana	13,737,748	75.5	1,727,029	9.5	332,161	1.8	2,181,974	12.0	207,506	1.1	18,186,418	23.12 *
Nebraska	16,928,457	67.8	2,935,089	11.8	973,378	3.9	2,836,936	11.4	1,291,320	5.2	24,965,200	15.90
Nevada	13,646,672	75.0	3,107,748	17.1	0	0.0	1,221,198	6.7	217,877	1.2	18,193,495	22.73
New Hampshire	26,697,347	80.4	3,152,143	9.5	0	0.0	3,344,520	10.1	0	0.0	33,194,210	36.06
New Jersey	112,097,425	65.2	28,772,542	16.7	25,200,000	14.7	5,900,000	3.4	0	0.0	171,969,967	23.35

See footnotes at end of table.

Table 5.5. State mental health agency revenues, by revenue source and State, 1981 (continued)

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payment	Percent	Other sources	Percent	Total revenues	Per capita revenues
New Mexico	$ 31,076,431	99.2	$ 240,760	0.8	$ 0	0.0	$ 0	0.0	$ 3,861	0.0	$ 31,321,052	$24.04
New York	811,627,181	69.3	304,620,000	26.0	0	0.0	55,530,000	4.7	0	0.0	1,171,777,181	66.74
North Carolina	94,443,485	63.9	28,645,394	19.4	16,491,203	11.2	3,143,014	2.1	5,177,766	3.5	147,900,862	25.15
North Dakota	24,547,876	90.9	321,085	1.2	0	0.0	2,147,332	7.9	0	0.0	27,016,293	41.39
Ohio	209,884,413	78.0	44,963,805	16.7	0	0.0	14,161,424	5.3	0	0.0	269,009,642	24.91
Oklahoma	54,465,443	75.0	10,224,993	14.1	0	0.0	6,771,483	9.3	1,168,036	1.6	72,629,955	24.01
Oregon	44,129,506	80.9	7,962,567	14.6	0	0.0	2,095,642	3.8	358,059	0.7	54,545,774	20.72
Pennsylvania	341,483,327	71.0	100,526,384	20.9	7,241,667	1.5	26,446,000	5.5	5,414,000	1.1	481,111,378	40.55
Rhode Island	26,420,860	90.5	1,428,095	4.9	0	0.0	1,329,800	4.6	0	0.0	29,178,755	30.81
South Carolina	78,052,616	81.4	14,030,905	14.6	1,980,107	2.1	1,186,146	1.2	661,101	0.7	95,910,875	30.72
South Dakota	9,388,297	72.6	3,538,150	27.4	UA	UA	UA	UA	UA	UA	12,926,447	18.71
Tennessee	66,678,966	81.3	9,993,317	12.2	– 1,508#	0.0	5,016,080	6.1	296,281	0.4	81,983,586	17.86
Texas	177,236,318	91.5	1,172,962	0.6	12,609,580	6.5	1,265,454	0.7	1,430,094	0.7	193,714,408	13.61
Utah	16,684,527	82.6	2,086,221	10.3	0	0.0	1,309,959	6.5	106,755	0.5	20,187,462	13.82
Vermont	9,029,858	54.0	7,687,872	46.0	0	0.0	0	0.0	0	0.0	16,717,730	32.69
Virginia	89,614,031	74.9	18,187,197	15.2	0	0.0	11,811,736	9.9	0	0.0	119,612,964	22.37
Washington	64,983,493	87.3	9,207,261	12.4	267,325	0.4	0	0.0	0	0.0	74,458,079	18.02
West Virginia	35,330,798	91.8	1,921,840	5.0	1,246,943	3.2	0	0.0	0	0.0	38,499,581	19.75
Wisconsin	40,417,560	38.0	18,073,906	17.0	23,446,918	22.1	22,185,715	20.9	2,101,850	2.0	106,225,949	22.57
Wyoming	10,231,743	90.3	148,836	1.3	0	0.0	829,148	7.3	125,232	1.1	11,334,959	24.14
Total	$4,947,153,547	79.6	$800,132,186	12.9	$216,886,107	3.5	$215,514,468	3.5	$33,153,822	0.5	$6,215,075,443	
Average	98,943,071	79.6	16,669,421	13.4	4,518,461	3.6	4,789,210	3.9	720,735	0.6	124,301,509	$24.76

UA = Funds received, but exact revenues unallocatable.
( ) = Funds (collected from SMHA operated facilities) which revert to the State general fund. No SMHA control.
= Payback to local governments.
* = Median value.

Table 5.6. State mental health agency revenues from State government, by source and State, 1981

State	General appropriation	Percent	Special revenues	Percent	Inter departmental funds	Percent	Other State source	Percent	Medicaid State match	Percent	Total State revenues	Total rank	Per capita revenues
Alabama	$ 32,841,001	48.7	$33,998,438	50.4	$ 0	0.0	$ 588,651	0.9	$ 0	0.0	$ 67,428,090	20	$17.32
Alaska	14,689,300	100.0	0	0.0	0	0.0	0	0.0	0	0.0	14,689,300	42	36.55
Arizona	27,369,100	98.1	530,200	1.9	0	0.0	0	0.0	0	0.0	27,899,300	34	10.26
Arkansas	16,784,527	85.9	1,493,929	7.6	1,267,436	6.5	0	0.0	0	0.0	19,545,892	39	8.55
California	566,607,279	92.9	0	0.0	42,984,387	7.1	11,703	0.0	0	0.0	609,603,369	2	25.76
Colorado	43,641,729	84.3	0	0.0	3,032,744	5.9	0	0.0	5,117,947	9.9	51,792,420	24	17.92
Connecticut	91,326,249	93.8	0	0.0	0	0.0	5,993,642	6.2	[4,014,239]	UA	97,319,891	15	31.32
Delaware	25,137,100	96.0	1,046,288	4.0	0	0.0	0	0.0	0	0.0	26,183,388	37	44.05
Florida	128,898,914	86.4	20,274,017	13.6	0	0.0	0	0.0	0	0.0	149,172,931	10	15.31
Georgia	160,523,254	88.6	0	0.0	10,533,045	5.8	0	0.0	10,087,296	5.6	181,143,595	7	33.16
Hawaii	14,539,304	100.0	0	0.0	0	0.0	0	0.0	0	0.0	14,539,304	43	15.07
Idaho	8,840,500	98.3	0	0.0	155,600	1.7	0	0.0	UA	UA	8,996,100	49	9.53
Illinois	168,552,300	93.1	0	0.0	3,162,600	1.7	0	0.0	9,300,000	5.1	181,014,900	8	15.84
Indiana	99,494,878	95.2	2,900,450	2.8	0	0.0	0	0.0	2,150,645	2.1	104,545,973	14	19.04
Iowa	5,990,420	100.0	0	0.0	0	0.0	0	0.0	0	0.0	5,990,420	50	2.06
Kansas	30,897,963	100.0	0	0.0	0	0.0	0	0.0	0	0.0	30,897,963	31	13.07
Kentucky	40,120,095	99.9	35,231	0.1	13,440	0.0	0	0.0	UA	UA	40,168,766	27	10.97
Louisiana	68,544,643	92.0	0	0.0	3,906,518	5.2	335,147	0.4	1,753,267	2.4	74,539,575	19	17.72
Maine	27,852,270	99.5	139,656	0.5	0	0.0	0	0.0	0	0.0	27,991,926	33	24.89
Maryland	117,339,804	99.9	78,286	0.1	0	0.0	0	0.0	0	0.0	117,418,090	11	27.84
Massachusetts	192,483,797	96.4	0	0.0	0	0.0	0	0.0	7,208,211	3.6	199,692,008	6	34.81
Michigan	298,900,000	100.0	0	0.0	0	0.0	0	0.0	UA	UA	298,900,000	4	32.27
Minnesota	27,735,192	75.4	0	0.0	0	0.0	5,330,000	14.5	3,717,842	10.1	36,783,034	28	9.02
Mississippi	29,294,727	100.0	0	0.0	0	0.0	0	0.0	0	0.0	29,294,727	32	11.62
Missouri	112,768,007	100.0	0	0.0	0	0.0	0	0.0	0	0.0	112,768,007	12	22.94
Montana	13,648,782	99.4	0	0.0	0	0.0	0	0.0	88,966	0.6	13,737,748	44	17.46
Nebraska	16,767,457	99.0	150,000	0.9	0	0.0	11,000	0.1	0	0.0	16,928,457	40	10.78
Nevada	13,546,004	99.3	0	0.0	0	0.0	0	0.0	100,668	0.7	13,646,672	45	17.05
New Hampshire	24,651,626	92.3	0	0.0	0	0.0	0	0.0	2,045,921	7.7	26,697,547	35	29.00
New Jersey	109,205,550	97.4	0	0.0	2,891,875	2.6	0	0.0	UA	UA	112,097,425	13	15.22

See footnotes at end of table.

Table 5.6. State mental health agency revenues from State government, by source and State, 1981 (continued)

State	General appropriation	Percent	Special revenues	Percent	Inter-departmental funds	Percent	Other State source	Percent	Medicaid State match	Percent	Total State revenues	Total rank	Per capita revenues
New Mexico	$ 24,073,285	77.5	$ 0	0.0	$ 0	0.0	$ 7,003,146	22.5	$ 0	0.0	$ 31,076,431	30	$23.85
New York	566,027,181	69.7	0	0.0	0	0.0	0	0.0	245,600,000	30.3	811,627,181	1	46.23
North Carolina	94,443,485	100.0	0	0.0	0	0.0	0	0.0	0	0.0	94,443,485	16	16.06
North Dakota	15,223,050	62.0	3,018,060	12.3	0	0.0	423,163	1.7	5,883,603	24.0	24,547,876	38	37.61
Ohio	186,643,859	88.9	932,760	0.4	6,574,209	3.1	5,811,016	2.8	9,922,569	4.7	209,884,413	5	19.44
Oklahoma	49,200,705	90.3	3,721,975	6.8	1,049,055	1.9	493,708	0.9	0	0.0	54,465,443	23	18.00
Oregon	35,564,093	80.6	0	0.0	4,287,778	9.7	0	0.0	4,277,635	9.7	44,129,506	25	16.76
Pennsylvania	332,844,629	97.5	8,638,698	2.5	0	0.0	0	0.0	0	0.0	341,483,327	3	28.78
Rhode Island	26,331,505	99.7	0	0.0	0	0.0	0	0.0	89,355	0.3	26,420,860	36	27.89
South Carolina	74,575,335	95.5	0	0.0	181,473	0.2	2,508	0.0	3,293,300	4.2	78,052,616	18	25.00
South Dakota	8,767,324	93.4	18,750	0.2	UA	UA	510,059	5.4	92,164	1.0	9,388,297	47	13.59
Tennessee	60,838,849	91.2	0	0.0	27,693	0.0	552,400	0.8	5,260,024	7.9	66,678,966	21	14.52
Texas	174,465,748	98.4	0	0.0	1,862,249	1.1	908,321	0.5	0	0.0	177,236,318	9	12.46
Utah	15,958,215	95.6	0	0.0	0	0.0	0	0.0	726,312	4.4	16,684,527	41	11.42
Vermont	6,727,268	74.5	0	0.0	40,000	0.4	0	0.0	2,262,590	25.1	9,029,858	48	17.66 *
Virginia	78,603,265	87.7	1,451,132	1.6	0	0.0	0	0.0	9,559,634	10.7	89,614,031	17	16.76
Washington	64,983,493	100.0	0	0.0	0	0.0	0	0.0	0	0.0	64,983,493	22	15.73
West Virginia	35,330,798	100.0	0	0.0	0	0.0	0	0.0	0	0.0	35,330,798	29	18.12
Wisconsin	38,112,781	94.3	0	0.0	0	0.0	0	0.0	2,304,779	5.7	40,417,560	26	8.59
Wyoming	10,231,743	100.0	0	0.0	0	0.0	0	0.0	0	0.0	10,231,743	46	21.79
Total	$4,427,938,383	89.5	$78,427,870	1.6	$81,970,102	1.7	$27,974,464	0.6	$330,842,728	6.7	$4,947,153,547	50	
Average	88,558,768	89.5	1,568,557	1.6	1,672,859	1.7	559,489	0.6	7,352,061	7.4	98,943,071		$20.13

UA = Funds received, but exact revenues unallocatable.

[ ] = Funds (collected from SMHA operated facilities) which revert to the State general fund: No SMHA control.

* = Median value.

Table 5.7. State mental health agency revenues from Federal Government, by source and State, 1981

State	Title XX	Percent	Federal Medicare	Percent	Federal Medicaid	Percent	ADAMHA	Percent	Other Federal	Percent	Total Federal revenues	Total rank	Per capita revenues
Alabama	$ 1,612,155	25.8	$ 0	0.0	$ 781,672	12.5	$ 2,820,109	45.1	$ 1,036,244	16.6	$ 6,250,180	23	$ 1.61
Alaska	0	0.0	0	0.0	0	0.0	0	0.0	88,300	100.0	88,300	48	0.22
Arizona	722,800	100.0	0	0.0	0	0.0	0	0.0	0	0.0	722,800	42	0.27
Arkansas	2,457,159	13.8	1,359,350	7.6	7,451,918	41.7	5,797,534	32.5	783,976	4.4	17,849,937	12	7.81
California	0	0.0	0	0.0	0	0.0	0	0.0	721,644	100.0	721,644	43	0.03
Colorado	0	0.0	2,197,086	17.1	5,326,843	41.4	5,348,367	41.5	9,956	0.1	12,882,252	14	4.46
Connecticut	0	0.0	[4,269,877]	UA	[4,348,759]	UA	0	0.0	1,449,651	100.0	1,449,651	37	0.47
Delaware	0	0.0	[1,200,000]	UA	[3,650,513]	UA	0	0	0	0.0	[4,850,513]	UA	UA
Florida	13,487,567	57.8	3,898,381	16.7	4,333,442	18.6	0	0.0	1,625,024	7.0	23,344,414	6	2.40
Georgia	0	0.0	2,064,874	9.4	19,827,579	90.2	33,000	0.2	45,918	0.2	21,971,371	7	4.02
Hawaii	0	0.0	0	0.0	0	0.0	0	0.0	2,917,323	100.0	2,917,323	33	3.02
Idaho	141,700	13.6	UA	UA	UA	UA	0	0.0	0	86.4	1,039,200	41	1.10
Illinois	4,200,000	23.2	4,600,000	25.4	9,300,000	51.4	0	0.0	0	0.0	18,100,000	10	1.58
Indiana	4,674,233	56.4	505,792	6.1	2,846,491	34.3	134,775	1.6	126,200	1.5	8,287,491	19	1.51
Iowa	0	0.0	1,628,495	47.4	UA	UA	0	0.0	1,810,495	52.6	3,438,990	28	1.18
Kansas	0	0.0	1,402,407	24.4	4,000,000	69.6	0	0.0	347,051	6.0	5,749,458	25	2.43
Kentucky	4,330,708	21.0	0	0.0	10,375,991	50.3	483,811	2.3	5,448,433	26.4	20,638,943	8	5.64
Louisiana	0	0.0	1,660,347	28.3	3,725,693	63.6	0	0.0	474,749	8.1	5,860,789	24	1.39
Maine	0	0.0	0	0.0	0	0.0	256,786	45.9	302,203	54.1	558,989	44	0.50
Maryland	1,104,163	78.3	0	0.0	0	0.0	176,830	12.5	130,063	9.2	1,411,056	39	0.33
Massachusetts	0	0.0	969,075	11.3	7,208,211	83.9	414,665	4.8	0	0.0	8,591,951	18	1.50
Michigan	0	0.0	0	0.0	UA	UA	UA	UA	0	0.0	UA	UA	UA
Minnesota	0	0.0	1,227,307	17.8	5,181,361	75.3	0	0.0	475,548	6.9	6,884,216	22	1.69
Mississippi	522,184	14.3	0	0.0	3,114,428	85.2	0	0.0	27,689	0.5	3,634,301	26	1.45
Missouri	2,214,323	72.8	0	0.0	0	0.0	0	0.0	828,506	27.2	3,042,829	31	0.62
Montana	36,751	2.1	13,683	0.8	180,628	10.5	1,437,570	83.2	58,397	3.4	1,727,029	36	2.20
Nebraska	0	0.0	808,435	27.5	2,089,375	71.2	0	0.0	37,279	1.3	2,935,089	32	1.87
Nevada	817,412	26.3	323,071	10.4	100,668	3.2	1,651,705	53.1	214,892	6.9	3,107,748	30	3.88
New Hampshire	UA	UA	UA	UA	3,068,881	97.4	UA	UA	83,262	2.6	3,152,143	29	3.42
New Jersey	3,059,736	10.6	2,300,000	8.0	22,400,000	77.9	0	0.0	1,012,806	3.5	28,772,542	1	3.91

See footnotes at end of table.

Table 5.7. State mental health agency revenues from Federal Government, by source and State, 1981 (continued)

State	Title XX	Percent	Federal Medicare	Percent	Federal Medicaid	Percent	ADAMHA	Percent	Other Federal	Percent	Total Federal revenues	Total rank	Per capita revenues
New Mexico	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 240,760	100.0	$ 240,760	46	$ 0.18
New York	0	0.0	39,690,000	13.0	258,330,000	84.8	0	0.0	6,600,000	2.2	304,620,000	1	17.35
North Carolina	2,447,578	8.5	6,563,502	22.9	18,445,401	64.4	0	0.0	1,188,913	4.2	28,645,394	5	4.87
North Dakota	0	0.0	0	0.0	0	0.0	195,675	60.9	125,410	39.1	321,085	45	0.49
Ohio	15,716,279	35.0	10,116,186	22.5	11,099,823	24.7	UA	UA	8,031,517	17.9	44,963,805	3	4.16
Oklahoma	486,818	4.8	970,099	9.5	620,207	6.1	8,026,142	78.5	121,727	1.2	10,224,993	15	3.38
Oregon	0	0.0	1,856,640	23.3	5,396,771	67.8	541,012	6.8	168,144	2.1	7,962,567	20	3.02
Pennsylvania	8,799,384	8.8	6,000,000	6.0	81,306,000	80.9	0	0.0	4,421,000	4.4	100,526,384	2	8.47
Rhode Island	0	0.0	1,304,700	91.4	123,395	8.6	[4,000,000]	UA	0	0.0	1,428,095	38	1.51
South Carolina	275,136	2.0	0	0.0	8,051,174	57.4	4,769,077	34.0	935,518	6.7	14,030,905	13	4.49
South Dakota	1,010,075	28.5	UA	UA	1,912,073	54.0	UA	UA	616,002	17.4	3,538,150	27	5.12
Tennessee	0	0.0	2,307,554	23.1	6,406,560	64.1	48,303	0.5	1,230,900	12.3	9,993,317	16	2.18 *
Texas	0	0.0	0	0.0	0	0.0	0	0.0	1,172,962	100.0	1,172,962	40	0.08
Utah	0	0.0	336,192	16.1	1,575,329	75.5	81,705	3.9	92,995	4.5	2,086,221	34	1.43
Vermont	405,250	5.3	350,000	4.6	4,247,765	55.3	2,609,857	33.9	75,000	1.0	7,687,872	21	15.03
Virginia	0	0.0	5,384,615	29.6	12,538,457	68.9	0	0.0	264,125	1.5	18,187,197	9	3.40
West Virginia	1,921,840	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1,921,840	35	0.47
Washington	0	0.0	0	0.0	9,207,261	100.0	0	0.0	0	0.0	9,207,261	17	4.72
Wisconsin	545,338	3.0	2,370,024	13.1	14,503,662	80.2	0	0.0	654,882	3.6	18,073,906	11	3.84
Wyoming	0	0.0	148,836	100.0	0	0.0	0	0.0	0	0.0	148,836	47	0.32
Total	$70,988,589	8.9	$102,356,651	12.8	$545,077,059	68.1	$34,826,923	4.4	$46,882,964	5.9	$800,132,186	48	
Average	1,448,747	8.7	2,274,592	13.6	12,112,824	72.7	773,932	4.6	937,659	5.6	16,669,421		$ 3.02

UA = Funds received, but exact revenues unallocatable.
[ ] = Funds (collected from SMHA operated facilities) which revert to the State general fund. No SMHA control.
* = Median value.

Table 5.8. State mental health agency revenues dedicated to State mental hospitals, by source and State, 1981

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payments	Percent	Other sources	Percent	Total hospital revenues	Per capita revenues
Alabama	$ 57,535,211	93.1	$ 1,338,315	2.2	$ 0	0.0	$ 2,102,413	3.4	$ 838,206	1.4	$ 61,814,145	$15.87
Alaska	9,723,200	98.9	0	0.0	0	0.0	0	0.0	105,300	1.1	9,828,500	26.66
Arizona	16,918,800	89.2	0	0.0	0	0.0	2,048,700	10.8	0	0.0	18,967,500	6.98
Arkansas	5,461,409	33.0	9,595,244	58.0	0	0.0	1,478,325	8.9	0	0.0	16,534,978	7.23
California	201,892,000	96.0	0	0.00	8,374,000	4.0	0	0.0	68,000	0.0	210,334,000	8.89
Colorado	31,808,265	72.5	6,023,886	13.7	0	0.0	5,241,008	11.9	810,000	1.8	43,883,959	15.18
Connecticut	66,044,112	99.7	196,589	0.3	0	0.0	[7,371,620]	UA	1,628	0.0	66,242,129	21.32
Delaware	23,513,288	100.0	[4,850,513]	UA	0	0.0	[2,032,456]	UA	0	0.0	23,513,288	39.56
Florida	112,459,071	89.4	8,853,116	7.0	0	0.0	4,463,633	3.5	0	0.0	125,775,820	12.90
Georgia	171,533,570	85.0	21,938,371	10.9	0	0.0	4,971,889	2.5	3,309,870	1.6	201,733,700	36.93
Hawaii	7,153,044	100.0	0	0.0	0	0.0	0	0.0	0	0.0	7,153,044	7.41
Idaho	5,317,400	72.1	69,100	0.9	0	0.0	1,235,500	16.7	756,200	10.2	7,378,200	7.82
Illinois	126,610,400	87.3	13,900,000	9.6	0	0.0	4,600,000	3.2	0	0.0	145,110,400	12.70
Indiana	65,109,765	82.9	3,613,258	4.6	0	0.0	9,828,989	12.5	0	0.0	78,552,012	14.31
Iowa	5,759,420	25.5	3,226,990	14.3	11,357,197	50.3	UA	UA	2,233,313	9.9	22,578,920	7.75
Kansas	25,266,541	71.4	5,749,458	16.3	0	0.0	4,361,660	12.3	0	0.0	35,377,659	14.97
Kentucky	34,187,555	87.7	4,783,056	12.3	UA	UA	UA	UA	UA	UA	38,970,611	10.65
Louisiana	56,622,973	94.4	3,363,044	5.6	0	0.0	0	0.0	0	0.0	59,986,017	14.26
Maine	20,804,951	98.6	302,203	1.4	0	0.0	[1,233,806]	UA	0	0.0	21,107,154	18.77
Maryland	83,845,684	99.9	47,266	0.1	0	0.0	0	0.0	17,923	0.0	83,910,873	19.90
Massachusetts	99,622,597	88.9	8,142,649	7.3	0	0.0	UA	UA	4,253,065	3.8	112,018,311	19.53
Michigan	190,500,000	100.0	UA	UA	0	0.0	0	0.0	UA	UA	190,500,000	20.57
Minnesota	28,788,131	72.4	6,408,668	16.1	982,418	2.5	3,559,834	9.0	0	0.0	39,739,051	9.75
Mississippi	26,255,803	84.7	3,132,117	10.1	0	0.0	0	0.0	1,622,228	5.2	31,010,148	12.30
Missouri	69,365,179	98.7	890,687	1.3	0	0.0	0	0.0	0	0.0	70,255,866	14.29
Montana	10,596,758	94.3	231,062	2.1	0	0.0	411,880	3.7	0	0.0	11,239,700	14.29
Nebraska	12,760,069	61.4	2,935,089	14.1	973,378	4.7	2,836,956	13.6	1,291,320	6.2	20,796,612	13.25
Nevada	6,567,514	87.5	423,739	5.6	0	0.0	371,728	5.0	138,497	1.8	7,501,478	9.37
New Hampshire	18,627,873	74.1	3,150,143	12.5	0	0.0	3,344,520	13.3	0	0.0	25,122,536	27.29
New Jersey	54,135,879	49.1	25,045,198	22.7	25,200,000	22.9	5,900,000	5.3	0	0.0	110,281,077	14.97 *

See footnotes at end of table.

Table 5.8. State mental health agency revenues dedicated to State mental hospitals, by source and State, 1981 (continued)

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payment	Percent	Other sources	Percent	Total hospital revenues	Per capita revenues
New Mexico	$ 22,505,500	99.9	$ 29,900	0.1	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 22,535,400	$17.30
New York	634,113,000	64.5	294,020,000	29.9	0	0.0	55,530,000	5.6	0	0.0	983,663,000	56.02
North Carolina	69,804,353	67.7	25,008,903	24.2	0	0.0	3,143,014	3.0	5,177,766	5.0	103,134,036	17.53
North Dakota	16,249,131	92.9	0	0.0	0	0.0	1,247,060	7.1	0	0.0	17,496,191	26.81
Ohio	131,776,643	78.7	21,352,767	12.9	0	0.0	14,161,424	8.5	0	0.0	167,490,834	15.51
Oklahoma	39,862,465	82.9	1,592,106	3.3	0	0.0	5,984,080	12.4	634,665	1.3	48,073,316	15.89
Oregon	23,888,480	76.6	5,215,386	16.7	0	0.0	2,095,642	6.7	0	0.0	31,199,508	11.85
Pennsylvania	254,485,000	67.9	88,808,000	23.7	0	0.0	25,995,000	6.9	5,414,000	1.4	374,702,000	31.58
Rhode Island	21,250,165	88.3	1,428,095	5.9	0	0.0	1,329,800	5.5	0	0.0	24,008,060	25.35
South Carolina	54,346,755	85.9	8,453,353	13.4	0	0.0	0	0.0	437,679	0.7	63,237,787	20.26
South Dakota	8,803,209	84.2	1,656,038	15.8	UA	UA	UA	UA	UA	UA	10,459,247	15.14
Tennessee	49,975,183	76.6	9,943,949	15.2	-1,058*	0.0	5,016,080	7.7	285,606	0.4	65,219,760	14.21
Texas	135,991,573	98.4	946,848	0.7	0	0.0	0	0.0	1,232,952	0.9	138,171,373	9.71
Utah	6,629,802	66.4	1,953,692	19.6	0	0.0	1,309,959	13.1	97,469	1.0	9,990,922	6.84
Vermont	5,473,570	63.3	3,175,471	36.7	0	0.0	0	0.0	0	0.0	8,649,041	16.91
Virginia	69,538,271	69.9	18,143,463	18.2	0	0.0	11,811,736	11.9	0	0.0	99,493,470	18.61
Washington	32,970,158	90.9	2,995,894	8.3	303,000	0.8	0	0.0	0	0.0	36,269,052	8.78
West Virginia	24,298,244	100.0	0	0.0	0	0.0	0	0.0	0	0.0	24,298,244	12.46
Wisconsin	13,576,448	53.8	3,926,800	15.6	4,833,261	19.2	2,870,095	11.4	11,494	0.0	25,218,098	5.36
Wyoming	7,517,208	87.2	148,836	1.7	0	0.0	829,148	9.6	125,232	1.5	8,620,424	18.36
Total	$3,267,841,620	78.6	$622,358,749	15.0	$32,022,196	1.3	$188,080,873	4.5	$28,864,213	0.7	$4,159,167,651	
Average	65,356,832	78.6	12,965,807	15.6	1,083,796	1.3	4,373,974	5.3	614,132	0.7	83,183,353	$16.76

UA = Funds received, but exact revenues unallocatable.

[ ] = Funds collected from SMHA operated facilities which revert to the State general fund. No SMHA control.

* = Payback to local governments.

^ = Median value.

Table 5.9. State mental health agency revenues from State government dedicated to State mental hospitals, by source and State, 1981

State	General appropriation	Percent	Special revenues	Percent	Inter-departmental funds	Percent	Other State source	Percent	Medicaid State match	Percent	Total State revenues	Per capita revenues
Alabama	$ 28,295,412	49.2	$28,692,867	49.9	$ 0	0.0	$ 546,932	1.0	$ 0	0.0	$ 57,535,211	$14.78
Alaska	9,723,200	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9,723,200	24.20
Arizona	16,389,500	96.9	529,300	3.1	0	0.0	0	0.0	0	0.0	16,198,800	6.22
Arkansas	5,399,774	98.9	0	0.0	61,635	1.1	0	0.0	0	0.0	5,461,409	2.39
California	201,803,000	100.0	0	0.0	89,000	0.0	0	0.0	0	0.0	201,892,000	8.53
Colorado	26,188,584	82.3	0	0.0	2,309,194	7.3	0	0.0	3,310,487	10.4	31,808,265	11.01
Connecticut	66,044,112	100.0	0	0.0	0	0.0	0	0.0	[3,900,771]	UA	66,044,112	21.25
Delaware	22,622,000	96.2	891,288	3.8	0	0.0	0	0.0	0	0.0	23,513,288	39.56
Florida	112,459,071	100.0	0	0.0	0	0.0	0	0.0	0	0.0	112,459,071	11.54
Georgia	150,913,229	88.0	0	0.0	10,533,045	6.1	0	0.0	10,087,296	5.9	171,533,570	31.40
Hawaii	7,153,044	100.0	0	0.0	0	0.0	0	0.0	0	0.0	7,153,044	7.41
Idaho	5,161,800	97.1	0	0.0	155,600	2.9	0	0.0	UA	UA	5,317,400	5.63
Illinois	114,147,800	90.2	0	0.0	3,162,600	2.5	0	0.0	9,300,000	7.3	126,610,400	11.08
Indiana	62,959,120	96.7	0	0.0	0	0.0	0	0.0	2,150,645	3.3	65,109,765	11.86
Iowa	5,759,420	100.0	0	0.0	0	0.0	0	0.0	0	0.0	5,759,420	1.98
Kansas	25,266,541	100.0	0	0.0	0	0.0	0	0.0	0	0.0	25,266,541	10.69
Kentucky	34,187,555	100.0	0	0.0	0	0.0	0	0.0	0	UA	34,187,555	9.34
Louisiana	51,886,295	91.6	0	0.0	3,770,433	6.7	159,147	0.3	807,098	1.4	56,622,973	13.46
Maine	20,665,295	99.3	139,656	0.7	0	0.0	0	0.0	0	0.0	20,804,951	18.50
Maryland	83,775,092	99.9	70,592	0.1	0	0.0	0	0.0	0	0.0	83,845,684	19.88
Massachusetts	92,429,000	92.8	0	0.0	0	0.0	0	0.0	7,193,597	7.2	99,622,597	17.36
Michigan	190,500,000	100.0	0	0.0	0	0.0	0	0.0	UA	UA	190,500,000	20.57
Minnesota	25,070,289	87.1	0	0.0	0	0.0	0	0.0	3,717,842	12.9	28,788,131	7.06
Mississippi	26,255,803	100.0	0	0.0	0	0.0	0	0.0	0	0.0	26,255,803	10.42
Missouri	69,365,179	100.0	0	0.0	0	0.0	0	0.0	0	0.0	69,365,179	14.11
Montana	10,507,792	99.2	0	0.0	0	0.0	0	0.0	88,966	0.8	10,596,758	13.47
Nebraska	12,760,069	100.00	0	0.0	0	0.0	0	0.0	UA	UA	12,760,069	8.13
Nevada	6,466,846	98.5	0	0.0	0	0.0	0	0.0	100,668	1.5	6,567,514	8.20
New Hampshire	16,581,952	89.0	0	0.0	0	0.0	0	0.0	2,045,921	11.0	18,627,873	20.23
New Jersey	51,244,004	94.7	0	0.0	2,891,875	5.3	0	0.0	UA	UA	54,135,879	7.35

See footnotes at end of table.

Table 5.9. State mental health agency revenues from State government dedicated to State mental hospitals, by source and State, 1981 (continued)

State	General appropriation	Percent	Special revenues	Percent	Inter-departmental funds	Percent	Other State source	Percent	Medicaid State match	Percent	Total State revenues	Per capita revenues
New Mexico	$ 15,549,300	69.1	$ 0	0.0	$ 0	0.0	$6,956,200	30.9	$ 0	0.0	$ 22,505,500	$17.27
New York	388,513,000	61.3	0	0.0	0	0.0	0	0.0	245,600,000	38.7	634,113,000	36.12
North Carolina	69,804,353	100.0	0	0.0	0	0.0	0	0.0	0	0.0	69,804,353	11.87
North Dakota	9,412,510	57.9	2,503,356	15.4	0	0.0	423,163	2.6	3,910,102	24.1	16,249,131	24.89
Ohio	115,322,902	87.5	0	0.0	6,531,172	5.0	0	0.0	9,922,569	7.5	131,776,643	12.20 *
Oklahoma	35,337,537	88.6	3,405,024	8.5	1,049,055	2.6	70,849	0.2	0	0.0	39,862,465	13.18
Oregon	19,029,215	79.7	0	0.0	2,330,303	9.8	0	0.0	2,528,962	10.6	23,888,480	9.07
Pennsylvania	254,485,000	100.0	0	0.0	0	0.0	0	0.0	0	0.0	254,485,000	21.45
Rhode Island	21,160,810	99.6	0	0.0	0	0.0	0	0.0	89,355	0.4	21,250,165	22.44
South Carolina	51,263,085	94.3	0	0.0	95,202	0.2	0	0.0	2,988,468	5.5	54,346,755	17.41
South Dakota	8,714,699	99.0	UA	UA	UA	UA	88,510	1.0	UA	UA	8,803,209	12.74
Tennessee	47,201,059	94.4	0	0.0	0	0.0	0	0.0	2,774,124	5.6	49,975,183	10.89
Texas	134,843,981	99.2	0	0.0	1,147,592	0.8	0	0.0	0	0.0	135,991,573	9.56
Utah	5,916,415	89.2	0	0.0	0	0.0	0	0.0	713,387	10.8	6,629,802	4.54
Vermont	3,972,965	72.6	0	0.0	40,000	0.7	0	0.0	1,460,605	26.7	5,473,570	10.70
Virginia	59,790,565	86.0	188,072	0.3	0	0.0	0	0.0	9,559,634	13.7	69,538,271	13.01
Washington	32,970,158	100.0	0	0.0	0	0.0	0	0.0	0	0.0	32,970,158	7.98
West Virginia	24,298,244	100.0	0	0.0	0	0.0	0	0.0	0	0.0	24,298,244	12.46
Wisconsin	11,271,669	83.0	0	0.0	0	0.0	0	0.0	2,304,779	17.0	13,576,448	2.89
Wyoming	7,517,208	100.0	0	0.0	0	0.0	0	0.0	0	0.0	7,517,208	16.01
Total	$2,868,355,453	87.8	$36,420,155	1.1	$34,166,706	1.0	$8,244,801	0.3	$320,654,505	9.8	$3,267,841,620	
Average	57,367,109	87.8	743,268	1.1	697,280	1.1	164,896	0.3	7,287,602	11.2	65,356,832	$13.89

UA = Funds received, but exact revenues unallocatable.
[ ] = Funds (collected from SMHA operated facilities) which revert to the State general fund: No SMHA control.
* = Median value.

Table 5.10. State mental health agency revenues from Federal Government dedicated to State mental hospitals, by source and State, 1981

State	Title XX	Percent	Federal Medicare	Percent	Federal Medicaid	Percent	ADAMHA	Percent	Other Federal	Percent	Total Federal revenues	Per capita revenues
Alabama	$ 0	0.0	$ 0	0.0	$ 781,672	58.4	$ 46,609	3.5	$ 510,034	38.1	$ 1,338,315	$ 0.34
Alaska	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Arizona	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Arkansas	0	0.0	1,359,350	14.2	7,451,918	77.7	0	0.0	783,976	8.2	9,595,244	4.20
California	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Colorado	0	0.0	2,197,086	36.5	3,445,609	57.2	371,235	6.2	9,956	0.2	6,023,886	2.08
Connecticut	0	0.0	[4,046,241]	UA	[4,225,835]	UA	0	0.0	196,589	100.0	196,589	0.06
Delaware	0	0.0	[1,200,000]	UA	[3,650,513]	UA	0	0.0	0	0.0	[4,850,513]	[8.15]
Florida	64,014	0.7	3,898,381	44.0	4,333,442	48.9	0	0.0	557,279	6.3	8,853,116	0.91
Georgia	0	0.0	2,064,874	9.4	19,827,579	90.4	0	0.0	45,918	0.2	21,938,371	4.02
Hawaii	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Idaho	0	0.0	UA	UA	UA	UA	0	0.0	69,100	100.0	69,100	0.07
Illinois	0	0.0	4,600,000	33.1	9,300,000	66.9	0	0.0	0	0.0	13,900,000	1.22 *
Indiana	0	0.0	505,792	14.0	2,846,491	78.8	134,775	3.7	126,200	3.5	3,613,258	0.66
Iowa	0	0.0	1,628,495	50.5	UA	UA	0	0.0	1,598,495	49.5	3,226,990	1.11
Kansas	0	0.0	1,402,407	24.4	4,000,000	69.6	0	0.0	347,051	6.0	5,749,458	2.43
Kentucky	267,716	5.6	UA	UA	1,062,185	22.2	0	0.0	3,453,155	72.2	4,783,056	1.31
Louisiana	0	0.0	1,647,960	49.0	1,715,084	51.0	0	0.0	0	0.0	3,363,044	0.80
Maine	0	0.0	[174,479]	UA	[1,273,742]	UA	0	0.0	302,203	100.0	302,203	0.27
Maryland	0	0.0	0	0.0	0	0.0	0	0.0	47,266	100.0	47,266	0.01
Massachusetts	0	0.0	949,052	11.7	7,193,597	88.3	0	0.0	0	0.0	8,142,649	1.42
Michigan	0	0.0	0	0.0	UA	UA	UA	UA	0	0.0	UA	UA
Minnesota	0	0.0	1,227,307	19.2	5,181,361	80.8	0	0.0	0	0.0	6,408,668	1.57
Mississippi	0	0.0	0	0.0	3,114,428	99.4	0	0.0	17,689	0.6	3,132,117	1.24
Missouri	331,861	37.3	0	0.0	0	0.0	0	0.0	558,826	62.7	890,687	0.18
Montana	36,751	15.9	13,683	5.9	180,628	78.2	0	0.0	0	0.0	231,062	0.29
Nebraska	0	0.0	808,435	27.5	2,089,375	71.2	0	0.0	37,279	1.3	2,935,089	1.87
Nevada	0	0.0	323,071	76.2	100,668	23.8	0	0.0	0	0.0	423,739	0.53
New Hampshire	UA	UA	UA	UA	3,068,881	97.4	UA	UA	81,262	2.6	3,150,143	3.42
New Jersey	0	0.0	2,300,000	9.2	22,400,000	89.4	0	0.0	345,198	1.4	25,045,198	3.40

See footnotes at end of table.

Table 5.10. State mental health agency revenues from Federal Government dedicated to State mental hospitals, by source and State, 1981 (continued)

State	Title XX	Percent	Federal Medicare	Percent	Federal Medicaid	Percent	ADAMHA	Percent	Other Federal	Percent	Total Federal revenues	Per capita revenues
New Mexico	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 29,900	100.0	$ 29,900	$ 0.02
New York	0	0.0	39,690,000	13.5	254,330,000	86.5	0	0.0	0	0.0	294,020,000	16.75
North Carolina	0	0.0	6,563,502	26.2	18,445,401	73.8	0	0.0	0	0.0	25,008,903	4.25
North Dakota	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Ohio	0	0.0	10,116,186	46.9	11,099,823	51.5	0	0.0	336,758	1.6	21,552,767	2.00
Oklahoma	0	0.0	970,099	60.9	620,207	39.0	0	0.0	1,800	0.1	1,592,106	0.53
Oregon	0	0.0	1,856,640	35.6	3,190,602	61.2	0	0.0	168,144	3.2	5,215,386	1.98
Pennsylvania	0	0.0	6,000,000	6.8	78,417,000	88.3	0	0.0	4,391,000	4.9	88,808,000	7.49
Rhode Island	0	0.0	1,304,700	91.4	123,395	8.6	0	0.0	0	0.0	1,428,095	1.51
South Carolina	275,136	3.3	0	0.0	7,305,945	86.4	0	0.0	872,272	10.3	8,453,353	2.71
South Dakota	UA	UA	UA	UA	1,593,720	96.2	UA	UA	62,318	3.8	1,656,038	2.40
Tennessee	0	0.0	2,307,554	23.2	6,406,560	64.4	48,303	0.5	1,181,532	11.9	9,943,949	2.17
Texas	0	0.0	0	0.0	0	0.0	0	0.0	946,848	100.0	946,848	0.07
Utah	0	0.0	336,192	17.2	1,538,466	78.7	0	0.0	79,034	4.0	1,953,692	1.34
Vermont	0	0.0	350,000	11.0	2,750,471	86.6	0	0.0	75,000	2.4	3,175,471	6.21
Virginia	0	0.0	5,384,615	29.7	12,538,457	69.1	0	0.0	220,391	1.2	18,143,463	3.39
Washington	0	0.0	0	0.0	2,995,894	100.0	0	0.0	0	0.0	2,995,894	0.73
West Virginia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Wisconsin	0	0.0	743,900	18.9	3,182,900	81.1	0	0.0	0	0.0	3,926,800	0.83
Wyoming	0	0.0	148,836	100.0	0	0.0	0	0.0	0	0.0	148,836	0.32
Total	$975,478	0.2	$100,698,117	16.2	$502,631,759	80.8	$600,922	0.1	$17,452,473	2.8	$622,358,749	
Average	20,322	0.2	2,341,817	18.1	11,423,449	88.1	12,786	0.1	349,049	2.7	12,965,807	$ 1.84

UA = Funds received, but exact revenues unallocatable.

[ ] = Funds (collected from SMHA operated facilities) which revert to the State general fund. No SMHA control.

* = Median value.

Table 5.11. State mental health agency revenues dedicated to community-based programs, by source and State, 1981

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payments	Percent	Other sources	Percent	Total SMHA community revenues	Per capita revenues
Alabama	$ 7,298,798	59.7	$ 4,663,693	38.1	$ 268,692	2.2	$ 0	0.0	$ 0	0.0	$ 12,231,183	$ 3.14
Alaska	4,308,300	99.9	0	0.0	0	0.0	0	0.0	4,300	0.1	4,312,600	10.73
Arizona	10,334,900	90.1	722,800	6.3	0	0.0	50,100	0.4	*362,200*	3.2	*11,470,000*	4.22
Arkansas	7,300,423	47.0	8,230,843	53.0	0	0.0	0	0.0	0	0.0	15,531,266	6.79
California	394,382,000	87.0	45,000	0.0	58,600,000	12.9	0	0.0	295,000	0.1	453,322,000	19.15
Colorado	19,328,499	76.2	6,046,420	23.8	0	0.0	0	0.0	0	0.0	25,374,919	8.78
Connecticut	24,245,847	95.5	1,137,845	4.5	0	0.0	[1,666,502]	UA	0	0.0	25,383,692	8.17
Delaware	2,484,200	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2,484,200	4.18
Florida	36,095,375	48.9	13,892,233	18.8	23,800,359	32.3	UA	UA	UA	UA	73,787,967	7.57
Georgia	9,328,697	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9,328,697	1.71
Hawaii	6,687,460	70.6	2,786,369	29.4	0	0.0	0	0.0	0	0.0	9,473,829	9.82
Idaho	3,244,300	65.9	874,600	17.8	0	0.0	804,000	16.3	0	0.0	4,922,900	5.22
Illinois	44,604,500	91.4	4,200,000	8.6	0	0.0	0	0.0	0	0.0	48,804,500	4.27
Indiana	37,952,222	89.0	4,674,233	11.0	0	0.0	0	0.0	0	0.0	42,626,455	7.76
Iowa	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kansas	4,517,222	100.0	0	0.0	0	0.0	0	0.0	0	0.0	4,517,222	1.91
Kentucky	4,550,879	22.4	15,744,881	77.6	0	0.0	0	0.0	0	0.0	20,295,760	5.54
Louisiana	14,531,462	85.3	2,497,745	14.7	0	0.0	0	0.0	0	0.0	17,029,207	4.05
Maine	6,622,040	100.0	0	0.0	0	0.0	0	0.0	0	0.0	6,622,040	5.89
Maryland	30,141,894	94.9	1,186,960	3.7	437,069	1.4	0	0.0	0	0.0	31,765,923	7.53
Massachusetts	94,650,614	98.4	449,302	0.5	0	0.0	54,036	0.1	990,788	1.0	96,144,740	16.76
Michigan	100,400,000	100.0	UA	UA	0	0.0	0	0.0	UA	UA	100,400,000	10.84
Minnesota	7,859,596	26.7	276,479	0.9	21,319,161	72.4	0	0.0	0	0.0	29,455,236	7.23
Mississippi	1,954,511	78.9	522,184	21.1	0	0.0	0	0.0	0	0.0	2,476,695	0.98
Missouri	39,793,619	95.4	1,915,706	4.6	0	0.0	0	0.0	0	0.0	41,709,325	8.48
Montana	2,965,527	43.8	1,495,967	22.1	332,161	4.9	1,770,094	26.1	207,506	3.1	6,771,255	8.61
Nebraska	4,168,388	100.0	0	0.0	0	0.0	0	0.0	0	0.0	4,168,388	2.66
Nevada	6,656,583	64.8	2,684,009	26.1	0	0.0	849,470	8.3	79,380	0.8	10,269,442	12.83
New Hampshire	6,405,553	100.0	2,000	0.0	0	0.0	UA	UA	0	0.0	6,407,553	6.96
New Jersey	54,583,079	93.6	3,727,344	6.4	0	0.0	0	0.0	0	0.0	58,310,423	7.92

See footnote at end of table.

Table 5.11. State mental health agency revenues dedicated to community-based programs, by source and State, 1981 (continued)

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payments	Percent	Other sources	Percent	Total SMHA community revenues	Per capita revenues
New Mexico ..	$ 7,567,900	100.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 7,567,900	$ 5.81
New York	120,668,181	94.8	6,600,000	5.2	0	0.0	0	0.0	0	0.0	127,268,181	7.25 *
North Carolina	24,037,329	54.4	3,636,491	8.2	16,491,203	37.3	UA	UA	UA	UA	44,165,023	7.51
North Dakota	7,768,847	90.9	0	0.0	0	0.0	779,108	9.1	0	0.0	8,547,955	13.10
Ohio	61,572,406	72.9	22,877,292	27.1	0	0.0	0	0.0	0	0.0	84,449,698	7.82
Oklahoma	11,255,831	54.7	8,520,260	41.4	0	0.0	787,403	3.8	30,418	0.1	20,593,912	6.81
Oregon	17,215,850	87.8	2,403,208	12.2	0	0.0	0	0.0	0	0.0	19,619,058	7.45
Pennsylvania .	75,271,327	82.4	8,799,384	9.6	7,241,667	7.9	0	0.0	0	0.0	91,312,378	7.70
Rhode Island	5,170,695	100.0	0	0.0	0	0.0	0	0.0	0	0.0	5,170,695	5.46
South Carolina	14,540,457	62.7	5,408,156	23.3	1,980,107	8.5	1,151,208	5.0	124,080	0.5	23,204,008	7.43
South Dakota	585,088	23.7	1,882,112	76.3	UA	UA	UA	UA	UA	UA	2,467,200	3.57
Tennessee	13,721,012	99.6	49,368	0.4	0	0.0	0	0.0	1	0.0	13,770,381	3.00
Texas	29,269,758	67.8	0	0.0	12,609,580	29.2	1,265,454	2.9	0	0.0	43,144,792	3.03
Utah	9,689,576	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9,689,576	6.63
Vermont	3,325,382	42.6	4,474,729	57.4	0	0.0	0	0.0	0	0.0	7,800,111	15.25
Virginia	16,119,608	99.7	43,734	0.3	0	0.0	0	0.0	0	0.0	16,163,342	3.02
Washington ..	29,997,793	84.3	5,618,252	15.8	-35,675	-0.1	0	0.0	0	0.0	35,580,370	8.61
West Virginia	10,790,572	77.3	1,921,840	13.8	1,246,943	8.9	0	0.0	0	0.0	13,959,355	7.16
Wisconsin	26,046,030	32.5	14,147,106	17.6	18,613,657	23.2	19,315,620	24.1	2,090,356	2.6	80,212,769	17.05
Wyoming	2,714,535	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2,714,535	5.78
Total	$1,474,724,665	80.5	$164,158,545	9.0	$162,904,924	8.9	$26,826,493	1.5	$4,184,029	0.2	$1,832,798,656	
Average	30,096,422	80.5	3,419,970	9.1	3,393,853	9.1	609,693	1.6	92,978	0.2	37,404,054	$ 7.33

UA = Funds received, but exact revenues unallocatable.

[ ] = Funds (collected from SMHA operated facilities) which revert to the State general fund. No SMHA control.

NR = SMHA not responsible for community-based programs in FY '81.

* = Median value.

Table 5.12. State mental health agency revenues from State government dedicated to community-based mental health programs, by source and State, 1981

State	General appropriation	Percent	Special revenues	Percent	Inter-departmental funds	Percent	Other State source	Percent	Medicaid State match	Percent	Total State community revenues	Per capita revenues
Alabama	$ 3,539,469	48.5	$ 3,747,313	51.3	$ 0	0.0	$ 12,016	0.2	$ 0	0.0	$ 7,298,798	$ 1.87
Alaska	4,308,300	100.0	0	0.0	0	0.0	0	0.0	0	0.0	4,308,300	10.72
Arizona	10,334,000	100.0	900	0.0	0	0.0	0	0.0	0	0.0	10,334,900	3.80
Arkansas	5,806,494	79.5	1,493,929	20.5	0	0.0	0	0.0	0	0.0	7,300,423	3.19
California	352,095,000	89.3	0	0.0	42,287,000	10.7	0	0.0	0	0.0	394,382,000	16.66
Colorado	16,797,489	86.9	0	0.0	723,550	3.7	0	0.0	1,807,460	9.4	19,328,499	6.69
Connecticut	18,252,205	75.3	0	0.0	0	0.0	5,993,642	24.7	[113,468]	UA	24,245,847	7.80
Delaware	2,360,400	95.0	123,800	5.0	0	0.0	0	0.0	0	0.0	2,484,200	4.18
Florida	15,821,358	43.8	20,274,017	56.2	0	0.0	0	0.0	0	0.0	36,095,375	3.70
Georgia	9,328,697	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9,328,697	1.71
Hawaii	6,687,460	100.0	0	0.0	0	0.0	0	0.0	0	0.0	6,687,460	6.93
Idaho	3,244,300	100.0	0	0.0	0	0.0	0	0.0	UA	UA	3,244,300	3.44
Illinois	44,604,500	100.0	0	0.0	0	0.0	0	0.0	0	0.0	44,604,500	3.90
Indiana	35,051,772	92.4	2,900,450	7.6	0	0.0	0	0.0	0	0.0	37,952,222	6.91
Iowa	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kansas	4,517,222	100.0	0	0.0	0	0.0	0	0.0	0	0.0	4,517,222	1.91
Kentucky	4,550,879	100.0	0	0.0	0	0.0	0	0.0	UA	UA	4,550,879	1.24
Louisiana	13,402,293	92.2	0	0.0	10,000	0.1	173,000	1.2	946,169	6.5	14,531,462	3.46
Maine	6,622,040	100.0	0	0.0	0	0.0	0	0.0	0	0.0	6,622,040	5.89
Maryland	30,134,200	100.0	7,694	0.0	0	0.0	0	0.0	0	0.0	30,141,894	7.15
Massachusetts	94,636,000	100.0	0	0.0	0	0.0	0	0.0	14,614	0.0	94,650,614	16.50
Michigan	100,400,000	100.0	0	0.0	0	0.0	0	0.0	UA	UA	100,400,000	10.84
Minnesota	2,529,596	32.2	0	0.0	0	0.0	5,330,000	67.8	0	0.0	7,859,596	1.93
Mississippi	1,954,511	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1,954,511	0.78
Missouri	39,793,619	100.0	0	0.0	0	0.0	0	0.0	0	0.0	39,793,619	8.09
Montana	2,965,527	100.0	0	0.0	0	0.0	0	0.0	UA	UA	2,965,527	3.77
Nebraska	4,007,388	96.1	150,000	3.6	0	0.0	11,000	0.3	0	0.0	4,168,388	2.66
Nevada	6,656,583	100.0	0	0.0	0	0.0	0	0.0	0	0.0	6,656,583	8.32
New Hampshire	6,405,553	100.0	0	0.0	0	0.0	0	0.0	UA	UA	6,405,553	6.96
New Jersey	54,583,079	100.0	0	0.0	0	0.0	0	0.0	0	0.0	54,583,079	7.41

See footnotes at end of table.

Table 5.12. State mental health agency revenues from State government dedicated to community-based mental health programs, by source and State, 1981 (continued)

State	General appropriation	Percent	Special revenues	Percent	Inter-departmental funds	Percent	Other State source	Percent	Medicaid State match	Percent	Total State community revenues	Per capita revenues
New Mexico	$ 7,567,900	100.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 7,567,900	$ 5.81
New York	120,668,181	100.0	0	0.0	0	0.0	0	0.0	0	0.0	120,668,181	6.87
North Carolina	24,037,329	100.0	0	0.0	0	0.0	0	0.0	0	0.0	24,037,329	4.09
North Dakota	5,598,581	72.1	514,704	6.6	0	0.0	0	0.0	1,655,562	21.3	7,768,847	11.90
Ohio	55,761,390	90.6	0	0.0	0	0.0	5,811,016	9.4	0	0.0	61,572,406	5.70
Oklahoma	10,956,754	97.3	269,230	2.4	0	0.0	29,847	0.3	0	0.0	11,255,831	3.72
Oregon	13,619,408	79.1	0	0.0	1,957,475	11.4	0	0.0	1,638,967	9.5	17,215,850	6.54
Pennsylvania	71,832,629	95.4	3,438,698	4.6	0	0.0	0	0.0	0	0.0	75,271,327	6.34
Rhode Island	5,170,695	100.0	0	0.0	0	0.0	0	0.0	0	0.0	5,170,695	5.46
South Carolina	14,236,431	97.9	0	0.0	0	0.0	0	0.0	304,026	2.1	14,540,457	4.66
South Dakota	52,625	9.0	18,750	3.2	UA	UA	421,549	72.0	92,164	15.8	585,088	0.85
Tennessee	10,655,019	77.7	0	0.0	27,693	0.2	552,400	4.0	2,485,900	18.1	13,721,012	2.99
Texas	28,361,437	96.9	0	0.0	0	0.0	908,321	3.1	0	0.0	29,269,758	2.06
Utah	9,689,576	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9,689,576	6.63
Vermont	2,540,801	76.4	0	0.0	0	0.0	0	0.0	784,581	23.6	3,325,382	6.50
Virginia	14,856,548	92.2	1,263,060	7.8	0	0.0	0	0.0	0	0.0	16,119,608	3.01
Washington	29,997,793	100.0	0	0.0	0	0.0	0	0.0	0	0.0	29,997,793	7.26
West Virginia	10,790,572	100.0	0	0.0	0	0.0	0	0.0	0	0.0	10,790,572	5.53
Wisconsin	26,046,030	100.0	0	0.0	0	0.0	0	0.0	0	0.0	26,046,030	5.53 *
Wyoming	2,714,535	100.0	0	0.0	0	0.0	0	0.0	0	0.0	2,714,535	5.78
Total	$1,366,544,168	92.7	$34,202,545	2.3	$45,005,718	3.1	$19,242,791	1.3	$9,729,443	0.7	$1,474,724,665	
Average	27,888,656	92.7	698,011	2.3	937,619	3.1	392,710	1.3	226,266	0.8	30,096,422	$ 5.63

UA = Funds received, but exact revenues unallocatable.

[ ] = Funds (collected from SMHA operated facilities) which revert to the State general fund: No SMHA control.

NR = SMHA not responsible for community based programs in FY '81.

* = Median value.

Table 5.13. State mental health agency revenues from Federal Government dedicated to community-based mental health programs, by source and State, 1981

State	Title XX	Percent	Federal Medicare	Percent	Federal Medicaid	Percent	ADAMHA	Percent	Other Federal	Percent	Total Federal community revenues	Per capita revenues
Alabama	$ 1,612,155	34.6	$ 0	0.0	$ 0	0.0	$ 2,773,500	59.5	$ 278,038	6.0	$ 4,663,693	$ 1.20
Alaska	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Arizona	722,800	100.0	0	0.0	0	0.0	0	0.0	0	0.0	722,800	0.27
Arkansas	2,433,309	29.6	0	0.0	0	0.0	5,797,534	70.4	0	0.0	8,230,843	3.60
California	0	0.0	0	0.0	0	0.0	0	0.0	45,000	100.0	45,000	0.00
Colorado	0	0.0	0	0.0	1,881,234	31.1	4,165,186	68.9	0	0.0	6,046,420	2.09
Connecticut	0	0.0	[223,636]	UA	[122,924]	UA	0	0.0	1,137,845	100.0	1,137,845	0.37
Delaware	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	UA
Florida	13,417,333	96.6	0	0.0	0	0.0	0	0.0	474,900	3.4	13,892,233	1.43
Georgia	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Hawaii	0	0.0	0	0.0	0	0.0	0	0.0	2,786,369	100.0	2,786,369	2.89
Idaho	141,700	16.2	UA	UA	UA	UA	0	0.0	732,900	83.8	874,600	0.93
Illinois	4,200,000	100.0	0	0.0	0	0.0	0	0.0	0	0.0	4,200,000	0.37
Indiana	4,674,233	100.0	0	0.0	0	0.0	0	0.0	0	0.0	4,674,233	0.85
Iowa	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR	NR
Kansas	0	0.00	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Kentucky	3,951,986	25.1	UA	UA	9,313,806	59.2	483,811	3.1	1,995,278	12.7	15,744,881	4.30
Louisiana	0	0.0	12,387	0.5	2,010,609	80.5	0	0.0	474,749	19.0	2,497,745	0.59
Maine	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Maryland	1,104,163	93.0	0	0.0	0	0.0	0	0.0	82,797	7.0	1,186,960	0.28
Massachusetts	0	0.0	20,023	4.5	14,614	3.3	414,665	92.3	0	0.0	449,302	0.08
Michigan	0	0.0	0	0.0	UA	UA	UA	UA	0	0.0	UA	UA
Minnesota	0	0.0	0	0.0	0	0.0	0	0.0	276,479	100.0	276,479	0.07
Mississippi	522,184	100.0	0	0.0	0	0.0	0	0.0	0	0.0	522,184	0.21
Missouri	1,824,734	95.3	0	0.0	0	0.0	0	0.0	90,972	4.7	1,915,706	0.39 *
Montana	UA	UA	UA	UA	UA	UA	1,437,570	96.1	58,397	3.9	1,495,967	1.90
Nebraska	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Nevada	817,412	30.5	0	0.0	0	0.0	1,651,705	61.5	214,892	8.0	2,684,009	3.35
New Hampshire	UA	UA	UA	UA	UA	UA	UA	UA	2,000	100.0	2,000	0.00
New Jersey	3,059,736	82.1	0	0.0	0	0.0	0	0.0	667,608	17.9	3,727,344	0.51

See footnotes at end of table.

Table 5.13. State mental health agency revenues from Federal Government dedicated to community-based mental health programs, by source and State, 1981 (continued)

State	Title XX	Percent	Federal Medicare	Percent	Federal Medicaid	Percent	ADAMHA	Percent	Other Federal	Percent	Total Federal community revenues	Per capita revenues
New Mexico	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 0	0.0	$ 0	$ 0.00
New York	0	0.0	0	0.0	0	0.0	0	0.0	6,600,000	100.0	6,600,000	0.38
North Carolina	2,447,578	67.3	0	0.0	0	0.0	0	0.0	1,188,913	32.7	3,636,491	0.62
North Dakota	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Ohio	15,562,738	68.0	0	0.0	0	0.0	UA	UA	7,314,554	32.0	22,877,292	2.12
Oklahoma	486,818	5.7	0	0.0	0	0.0	8,026,142	94.2	7,300	0.1	8,520,260	2.82
Oregon	0	0.0	0	0.0	2,067,761	86.0	335,447	14.0	0	0.0	2,403,208	0.91
Pennsylvania	8,799,384	100.0	0	0.0	0	0.0	0	0.0	0	0.0	8,799,384	0.74
Rhode Island	0	0.0	0	0.0	0	0.0	[4,000,000]	UA	0	0.0	[4,000,000]	[4.22]
South Carolina	0	0.0	0	0.0	743,255	13.7	4,664,901	86.3	0	0.0	5,408,156	1.73
South Dakota	1,010,075	53.7	UA	UA	318,353	16.9	UA	UA	553,684	29.4	1,882,112	2.72
Tennessee	0	0.0	0	0.0	0	0.0	0	0.0	49,368	100.0	49,368	0.01
Texas	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Utah	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Vermont	405,250	9.1	0	0.0	1,459,622	32.6	2,609,857	58.3	0	0.0	4,474,729	8.75
Virginia	0	0.0	0	0.0	0	0.0	0	0.0	43,734	100.0	43,734	0.01
Washington	0	0.0	0	0.0	5,618,252	100.0	0	0.0	0	0.0	5,618,252	1.36
West Virginia	1,921,840	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1,921,840	0.99
Wisconsin	545,338	3.9	1,626,124	11.5	11,320,762	80.0	0	0.0	654,882	4.6	14,147,106	3.01
Wyoming	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Total	$69,660,766	42.4	$1,658,534	1.0	$34,748,268	21.2	$32,360,318	19.7	$25,730,659	15.7	$164,158,545	
Average	1,482,144	42.4	38,571	1.1	789,733	22.6	735,462	21.1	525,115	15.0	3,492,735	$ 1.13

UA = Funds received, but exact revenues unallocatable.
[ ] = Funds (collected from SMHA operated facilities) which revert to the State general fund. No SMHA control.
NR = SMHA not responsible for community based programs in FY '81.
* = Median value.

Table 5.14. State mental health agency revenues dedicated to research, training, and administration, by source and State, 1981

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payments	Percent	Other sources	Percent	Total support service revenues	Per capita revenues
Alabama	$ 2,594,081	69.7	$ 248,172	6.7	$ 0	0.0	$ 0	0.0	$ 877,328	23.6	$ 3,719,581	$ 0.96
Alaska	657,800	88.2	88,300	11.8	0	0.0	0	0.0	0	0.0	746,100	1.86
Arizona	645,600	100.0	0	0.0	0	0.0	0	0.0	0	0.0	645,600	0.24
Arkansas	6,784,060	99.6	23,850	0.4	0	0.0	0	0.0	0	0.0	6,807,910	2.98
California	13,329,369	83.5	676,644	4.2	1,958,987	12.3	0	0.0	0	0.0	15,965,000	0.67
Colorado	655,656	44.7	811,946	55.3	0	0.0	0	0.0	0	0.0	1,467,602	0.51
Connecticut	7,029,932	98.2	115,217	1.6	0	0.0	0	0.0	15,550	0.2	7,160,699	2.30
Delaware	185,900	100.0	0	0.0	0	0.0	0	0.0	0	0.0	185,900	0.31
Florida	618,485	50.8	599,065	49.2	UA	UA	0	0.0	UA	UA	1,217,550	0.12
Georgia	281,328	85.9	33,000	10.1	0	0.0	0	0.0	13,000	4.0	327,328	0.06
Hawaii	698,800	84.2	130,954	15.8	0	0.0	0	0.0	0	0.0	829,754	0.86
Idaho	434,400	82.0	95,500	18.0	0	0.0	UA	UA	UA	UA	529,900	0.56
Illinois	9,800,000	100.0	0	0.0	0	0.0	0	0.0	0	0.0	9,800,000	0.86
Indiana	1,483,986	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1,483,986	0.27
Iowa	231,000	52.1	212,000	47.9	0	0.0	0	0.0	0	0.0	443,000	0.15
Kansas	1,114,200	83.2	0	0.0	0	0.0	0	0.0	225,742	16.8	1,339,942	0.57
Kentucky	1,430,332	92.8	111,006	7.2	UA	UA	UA	UA	UA	UA	1,541,338	0.42
Louisiana	3,385,140	100.0	0	0.0	0	0.0	0	0.0	0	0.0	3,385,140	0.80
Maine	564,935	68.8	256,786	31.2	0	0.0	0	0.0	0	0.0	821,721	0.73
Maryland	3,430,512	95.1	176,830	4.9	0	0.0	0	0.0	0	0.0	3,607,342	0.86
Massachusetts	5,418,797	100.0	0	0.0	0	0.0	0	0.0	0	0.0	5,418,797	0.94
Michigan	8,000,000	100.0	UA	UA	0	0.0	0	0.0	UA	UA	8,000,000	0.86
Minnesota	135,307	40.5	199,069	59.5	0	0.0	0	0.0	0	0.0	334,376	0.08
Mississippi	1,084,413	100.0	0	0.0	0	0.0	0	0.0	0	0.0	1,084,413	0.43
Missouri	3,609,209	93.2	236,436	6.1	0	0.0	0	0.0	27,956	0.7	3,873,601	0.79
Montana	175,463	100.0	0	0.0	0	0.0	0	0.0	0	0.0	175,463	0.22
Nebraska	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Nevada	422,575	100.0	0	0.0	0	0.0	0	0.0	0	0.0	422,575	0.53
New Hampshire	1,664,121	100.0	UA	UA	0	0.0	UA	UA	0	0.0	1,664,121	1.81
New Jersey	3,378,467	100.0	0	0.0	0	0.0	0	0.0	0	0.0	3,378,467	0.46

See footnotes at end of table.

Table 5.14. State mental health agency revenues dedicated to research, training, and administration, by source and State, 1981 (continued)

State	State government	Percent	Federal Government	Percent	Local government	Percent	First and third party payments	Percent	Other sources	Percent	Total support service revenues	Per capita revenues
New Mexico	$ 1,003,031	82.4	$ 210,860	17.3	$ 0	0.0	$ 0	0.0	$ 3,861	0.3	$ 1,217,752	$ 0.93
New York	56,846,000	93.4	4,000,000	6.6	0	0.0	0	0.0	0	0.0	60,846,000	3.47
North Carolina	601,803	100.0	0	0.0	UA	UA	0	0.0	0	0.0	601,803	0.10
North Dakota	529,898	54.5	321,085	33.0	0	0.0	121,164	12.5	0	0.0	972,147	1.49
Ohio	16,535,364	96.9	533,746	3.1	0	0.0	0	0.0	0	0.0	17,069,110	1.58
Oklahoma	3,347,147	84.5	112,627	2.8	0	0.0	0	0.0	502,953	12.7	3,962,727	1.31
Oregon	3,025,176	81.2	343,973	9.2	0	0.0	0	0.0	358,059	9.6	3,727,208	1.42
Pennsylvania	11,727,000	77.7	2,919,000	19.3	0	0.0	451,000	3.0	0	0.0	15,097,000	1.27
Rhode Island	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
South Carolina	9,165,403	96.8	169,396	1.8	0	0.0	34,938	0.4	99,342	1.0	9,469,079	3.03
South Dakota	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA	UA
Tennessee	2,982,771	99.6	0	0.0	0	0.0	0	0.0	10,674	0.4	2,993,445	0.65 *
Texas	11,974,987	96.6	226,114	1.6	0	0.0	0	0.0	197,142	1.6	12,398,243	0.87
Utah	365,149	72.0	132,529	26.1	0	0.0	0	0.0	9,286	1.8	506,964	0.35
Vermont	230,906	86.0	37,672	14.0	0	0.0	0	0.0	0	0.0	268,578	0.53
Virginia	3,956,152	100.0	0	0.0	0	0.0	0	0.0	0	0.0	3,956,152	0.74
Washington	2,015,542	77.3	593,115	22.7	0	0.0	0	0.0	0	0.0	2,608,657	0.63
West Virginia	241,982	100.0	0	0.0	0	0.0	0	0.0	0	0.0	241,982	0.12
Wisconsin	795,082	100.0	0	0.0	0	0.0	0	0.0	0	0.0	795,082	0.17
Wyoming	0	0.0	0	0.0	0	0.0	0	0.0	0	0.0	0	0.00
Total	$204,587,261	91.7	$13,614,892	6.1	$1,958,987	0.9	$607,102	0.3	$2,340,893	1.0	$223,109,135	
Average	4,175,250	91.7	289,679	6.4	42,587	0.9	13,198	0.3	52,020	1.1	4,553,248	$ 0.83

UA = Funds received, but exact expenditures unallocatable.
* = Median value.

Table 5.15. State mental health agency revenues as a percentage of total State government revenues, by State, 1981

	All State † government revenues	SMHA State government revenues	Percent
Alabama	$ 4,550.9	$ 67,428,090	1.5
Alaska	4,867.0	14,689,300	0.3
Arizona	2,775.9	27,899,300	1.0
Arkansas	2,227.8	19,545,892	0.9
California	32,623.1	609,603,369	1.9
Colorado	2,903.7	51,792,420	1.8
Connecticut	3,449.5	97,319,891	2.8
Delaware	998.0	26,183,388	2.6
Florida	8,063.3	149,172,931	1.9
Georgia	5,118.3	181,143,595	3.5
Hawaii	1,831.1	14,539,304	0.8
Idaho	988.8	8,996,100	0.9
Illinois	11,891.5	181,014,900	1.5
Indiana	4,880.2	104,545,973	2.1
Iowa	3,127.7	5,990,420	0.2
Kansas	2,374.2	30,897,963	1.3
Kentucky	4,031.3	40,168,766	1.0
Louisiana	5,352.2	74,539,575	1.4
Maine	1,303.1	27,991,926	2.1
Maryland	5,259.5	117,418,090	2.2
Massachusetts	7,251.5	199,692,008	2.8
Michigan	11,069.4	298,900,000	2.7
Minnesota	5,671.9	36,783,034	0.6
Mississippi	2,637.5	29,296,727	1.1
Missouri	3,794.0	112,768,007	3.0
Montana	1,053.5	13,737,748	1.3
Nebraska	1,488.5	16,928,457	1.1
Nevada	889.0	13,646,672	1.5
New Hampshire	710.6	26,697,547	3.8
New Jersey	8,163.4	112,097,425	1.4
New Mexico	2,476.9	31,076,431	1.3
New York	23,539.0	811,627,181	3.4
North Carolina	5,791.8	94,443,485	1.6
North Dakota	1,080.1	24,547,876	2.3
Ohio	9,296.8	209,884,613	2.3
Oklahoma	3,737.0	54,465,443	1.5
Oregon	3,338.8	44,129,506	1.3
Pennsylvania	12,002.7	341,483,327	2.8
Rhode Island	1,301.6	26,420,860	2.0
South Carolina	3,236.0	78,052,616	2.4
South Dakota	733.8	9,388,297	1.3
Tennessee	3,787.3	66,678,966	1.8
Texas	13,799.1	177,236,318	1.3
Utah	1,679.8	16,684,527	1.0
Vermont	687.6	9,029,858	1.3
Virginia	5,610.9	89,614,031	1.6
Washington	5,347.6	64,983,493	1.2
West Virginia	2,319.4	35,330,798	1.5
Wisconsin	6,036.5	40,417,560	0.7
Wyoming	1,010.1	10,231,743	1.0
Total	$258,159	$4,947,153,547	1.9

† = Total FY 1981 State revenues in millions

Table 5.16. State mental health agency per capita revenues as a percentage of total State per capita revenues, by State, 1981

State	Per capita State government revenues	Per capita SMHA State government revenues	Percent
Alabama	$ 1,168.73	$17.32	1.5
Alaska	12,111.45	36.55	0.3
Arizona	1,021.22	10.26	1.0
Arkansas	974.36	8.55	0.9
California	1,378.37	25.76	1.9
Colorado	1,004.75	17.92	1.8
Connecticut	1,110.03	31.32	2.8
Delaware	1,679.18	44.05	2.6
Florida	827.32	15.31	1.9
Georgia	936.88	33.16	3.5
Hawaii	1,898.12	15.07	0.8
Idaho	1,047.53	9.53	0.9
Illinois	1,040.69	15.84	1.5 *
Indiana	888.89	19.04	2.1
Iowa	1,073.41	2.06	0.2
Kansas	1,004.45	13.07	1.3
Kentucky	1,101.21	10.97	1.0
Louisiana	1,272.55	17.72	1.4
Maine	1,158.66	24.89	2.1
Maryland	1,247.22	27.84	2.2
Massachusetts	1,263.98	34.81	2.8
Michigan	1,195.13	32.27	2.7
Minnesota	1,391.55	9.02	0.6
Mississippi	1,046.36	11.62	1.1
Missouri	771.66	22.94	3.0
Montana	1,339.16	17.46	1.3
Nebraska	948.19	10.78	1.1
Nevada	1,110.57 *	17.05	1.5
New Hampshire	771.88	29.00	3.8
New Jersey	1,108.43	15.22	1.4
New Mexico	1,901.08	23.85	1.3
New York	1,340.64	46.23	3.4
North Carolina	984.70	16.06	1.6
North Dakota	1,654.78	37.61	2.3
Ohio	861.00	19.44	2.3
Oklahoma	1,235.25	18.00	1.5
Oregon	1,268.01	16.76	1.3
Pennsylvania	1,011.70	28.78	2.8
Rhode Island	1,374.22	27.89	2.0
South Carolina	1,036.57	25.00	2.4
South Dakota	1,062.30	13.59	1.3
Tennessee	824.92	14.52	1.8
Texas	969.77	12.46	1.3
Utah	1,149.73	11.42	1.0
Vermont	1,344.40	17.66 *	1.3
Virginia	1,049.39	16.76	1.6
Washington	1,294.14	15.73	1.2
West Virginia	1,189.65	18.12	1.5
Wisconsin	1,282.79	8.59	0.7
Wyoming	2,151.18	21.79	1.0
Average	$ 1,397.56	$20.13	1.4

* = Median values

Chapter 6

Suicide in the United States: 1958-1982

James A. Weed, Ph.D.

Introduction

During the 25-year period from 1958 to 1982, a total of 587,821 persons in the United States ended their own lives by self-inflicted injuries. According to vital statistics based on death certificates for these years, 31 percent (180,997) of these persons were under age 35. The percent of all suicides committed each year by persons in this age group has increased markedly, from 19 percent in 1958 to 29 percent in 1970, and to 41 percent in 1982. Statistics indicate the distribution of suicides is shifting toward the younger ages.

Although suicide was the eighth leading cause of death in the United States in 1982 for all ages combined, with a death rate of 12.2 suicides per 100,000 population, it was the third leading cause of death for the age groups under 35 as follows:

Age group	Rate per 100,000 population
15-19	8.7
20-24	15.1
25-34	16.0

As a percentage of the total of all suicides (5.4 percent), the group of persons under age 20 who took their own lives between 1958 and 1982 was not large, but the increase in teenage suicides has been notable over the 25-year period. Vital records for 1958 on suicide deaths included only 444 persons under age 20, but this number doubled to 881 by 1966, and by 1975, doubled again to 1,764. This rising trend, fortunately, has been slower in recent years, reaching a total of 1,930 in 1982.

This chapter describes the trends and changing patterns of suicide in the United States over the 25-year period from 1958 to 1982. Changes that have occurred in suicide patterns by age group are presented, as well as differentials by race and sex. The mortality data are from U.S. vital statistics, which are derived from death certificates filed each year in all States and the District of Columbia. The chapter focuses on data beginning with 1958, the first year in which the *Seventh Revision International Classification of Diseases* was in effect. Appendix B provides further detail on sources and qualifications of the data.

Before discussing the details of trends and differentials in suicide for the period 1958 to 1982, it is useful to place this period in historical perspective by considering the full time period—1900 to the present—for which death rates for suicide are available (table 6.1). Beginning in 1900, annual mortality statistics were collected for the part of the United States known as the "death registration area," which began with 10 States and the District of Columbia, and expanded to include the entire United States by 1933.

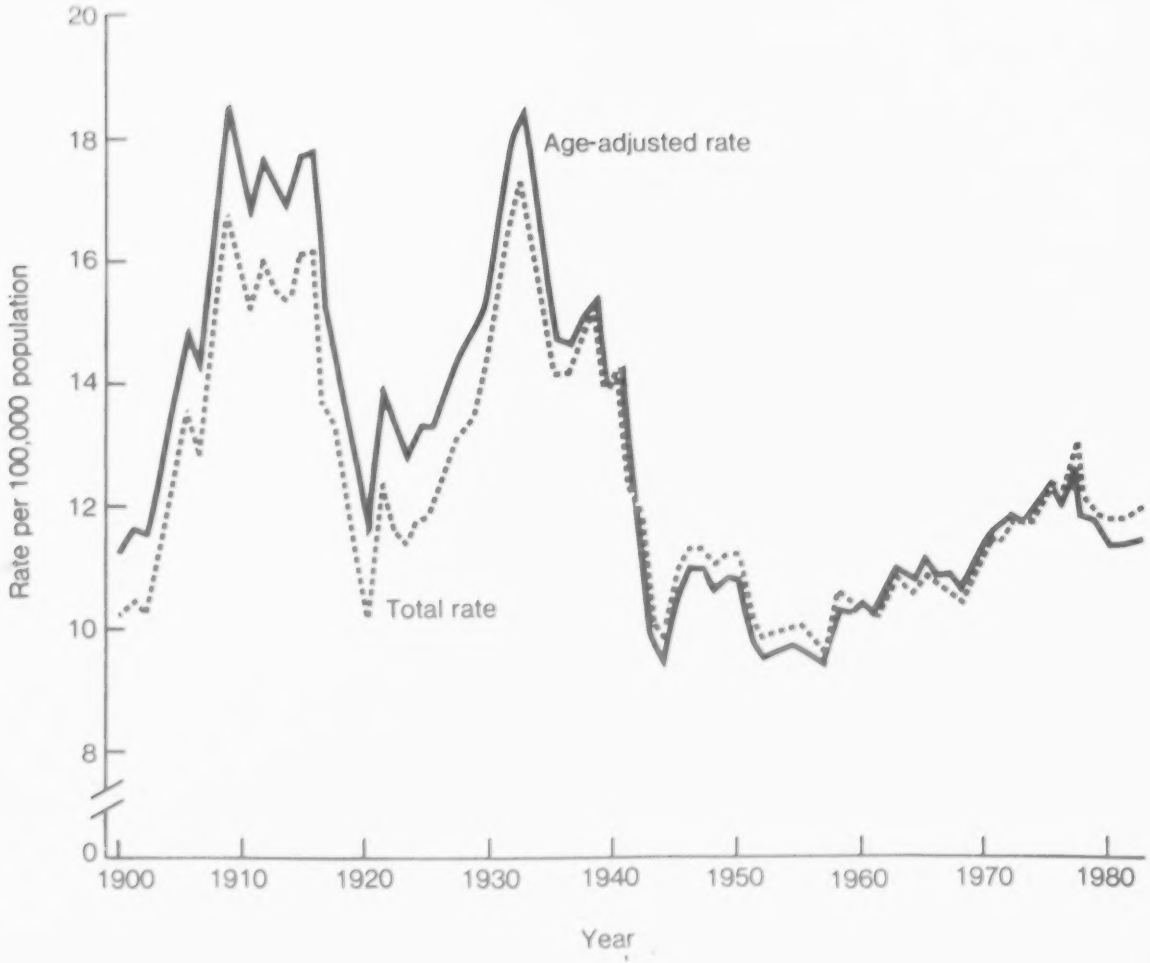
As shown in figure 6.1, death rates for suicide were marked by large waves between 1900 and 1944. Very high peaks occurred in 1908 and 1932 when the suicide rates were 16.8 and 17.4 per 100,000 population, respectively. Since 1944, suicide rates have had much smaller fluctuations, with a notable upward trend after about 1957. The suicide rate leveled off after 1978 to about 12.0 suicides per 100,000 population, well below the peak values of 1908 and 1932. The age-adjusted death rate shows essentially the same pattern.

Deaths From Suicide: 1958-1982

The annual number of suicides generally increased since 1958, rising from 18,519 to 28,681 in 1977 (table 6.2). Between 1978 and 1982, suicides showed a tendency to level off, with only small annual fluctuations. Both male and female suicides followed essentially the same trend as that for all suicides combined during the 25-year period.

Figure 6.1

Death rates for suicide (total and age-adjusted): United States, 1900-82



Of the total 587,821 suicides recorded between 1958 and 1982, 73.5 percent were committed by males and 26.5 percent by females. The annual percentage for males did not remain the same over the 25-year period, however. In 1958, 77.6 percent of recorded suicides were by males; the percentage declined steadily until 1971 when 70.0 percent of suicides were by males. Since 1971, the percentage for males has generally increased, reaching 76.6 percent in 1982, almost the same as in 1960.

Table 6.2 shows that the number of suicides committed between 1958 and 1982 by white persons far exceeded those by persons of black and other races:

Race	Percent of all suicides
White	93.6
Black	5.2
Other	1.2

For all race groups, suicides of males exceeded those of females. Among suicides of black persons, however, the percent by males was greater than the percent for suicides by white persons and persons of other races:

Race	Percent male
White	73.4
Black	77.0
Other	70.8

During the 1958 to 1982 period, 62.0 percent of all suicides occurred among persons in the age groups from 35 to 74 years; 14.3 percent were below 25 years, 16.5 percent were aged 25 to 34, and 7.2 percent were 75 and over (table 6.3). Between 1958 and 1982, suicides increased sizably in all age groups from 5 through 34 years; smaller increases occurred at ages 35 to 44 years, 75 to 84 years, and 85 years and over. Comparatively little change in annual suicide totals occurred for the other age groups between 45 and 74 years.

In 1958, 6.3 percent of all suicides were persons under 25 years, but this grew to 13.9 percent in 1970 and 18.5 percent in 1982. Slightly less growth occurred in the percentage of suicide victims aged 25 to 34, with 12.3 percent in 1958, 15.0 percent in 1970, and 22.4 percent in 1982. Although there were increases in annual suicides of persons aged 75 and over, their percent of the annual totals stayed almost the same (7.7 percent in 1958, 6.8 percent in 1970, and 7.5 percent in 1982). The percent for age groups 35 through 74 decreased accordingly.

For certain purposes it is useful to know the actual distribution of suicide deaths by sex, race, and age. However, the interpretation of trends or differentials may easily be complicated by changes or differences in the underlying population distribution in relation to any or all of these characteristics. Subsequent sections of this chapter present analyses of suicide rates, both age-adjusted and age-specific, by race and sex; such analyses permit comparisons to be made without the confusion that can arise from changes or differences in the populations at risk.

Suicide Differentials by Race and Sex

This section presents suicide differentials by race and sex using annual age-adjusted rates, the derivation of which is described in appendix B. Age-adjustment standardizes for changes or differences in age distribution of populations and permits the comparison of population subgroups (such as black and white) without the confounding effects of such changes or differences. Table 6.4 presents age-adjusted suicide rates by race and sex for the United States from 1958 to 1982.

The graphs by race and sex in figure 6.2 show that white males have had the highest suicide rates, followed in order by black males, white females, and black females. The annual rate for white males has been, on average, almost three times greater than the rate for white females, and the rate for black males has been almost four times greater than that for black females. For white persons, the suicide rates for males and females tended to converge between 1958 (ratio of 3.5) and 1971 (ratio of 2.4), and then to diverge (ratio of 3.3 in 1982). For black persons, male and female rates also converged until 1971 (ratio of 2.8) and then diverged (ratio of 4.9 in 1982). As figure 6.2 shows, rates for males of both races continued to increase for some years after 1971, when rates for females started to level off or decline.

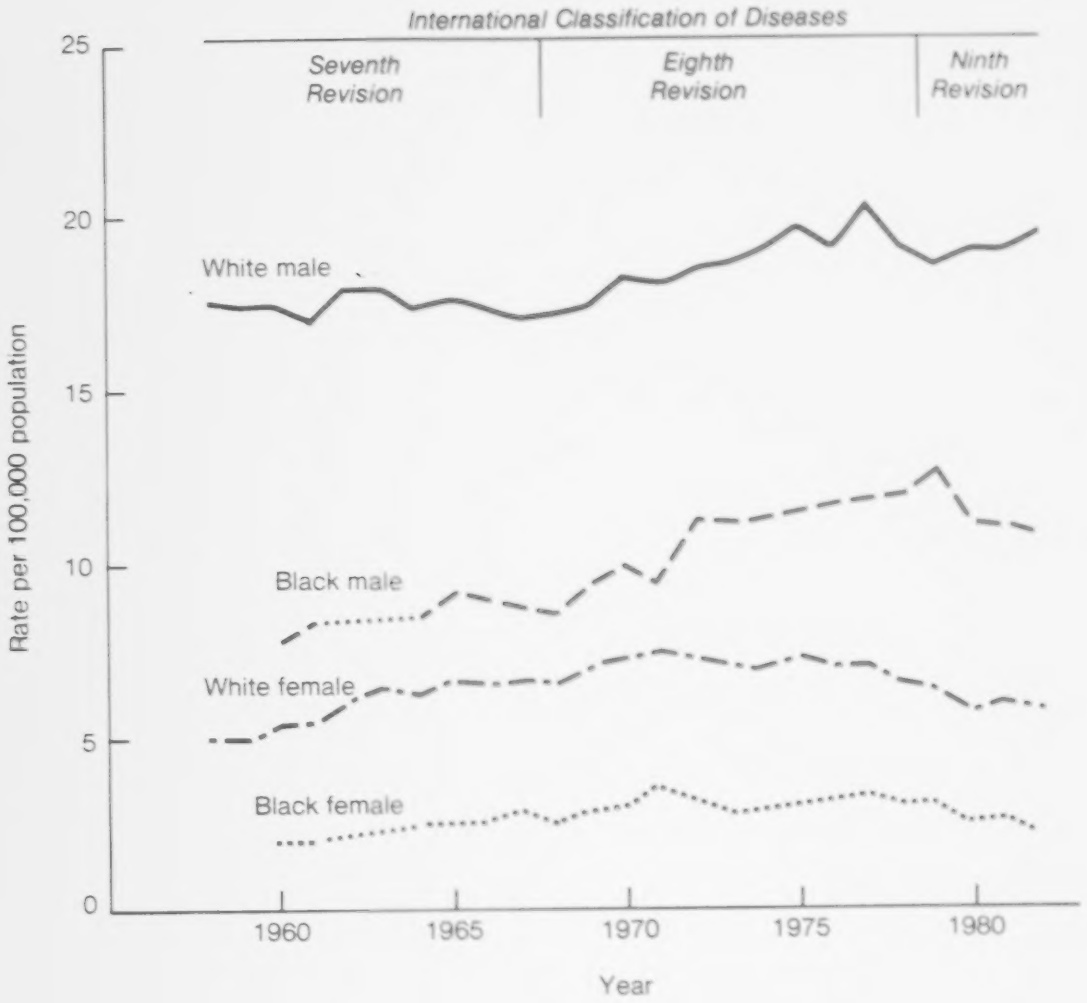
During the period 1958 to 1982, annual age-adjusted suicide rates for white males were almost double those for black males—the average ratio was 1.8. Since 1970, there has been very little tendency for the rates of white and black males to either converge or diverge. A similar situation has been true for suicide rates of white and black females, for whom the average ratio of annual age-adjusted rates has been 2.5 (a ratio somewhat higher than that for males).

Age Patterns by Race and Sex

This section focuses on age patterns of suicide death rates by race and sex. The age-adjusted death rates

Figure 6.2

Age-adjusted suicide rates, by race and sex: United States, 1958-82



already described facilitate an overall analysis of race and sex differences over time, with age distribution held constant. However, to get a more detailed picture of suicide patterns, it is useful to break out these trends and differentials by selected age groups.

Consider, for example, the graphs of suicide death rates for 1982 by age for each of four race-sex groups, shown in figure 6.3. In no age group is there any crossover of the graphs; the graph for white males is highest in each age group, followed by the graphs for black males, white females, and black females. This has not always been the case, as can be seen by comparing different race-sex panels of table 6.5 (e.g., crossovers have occurred for black males and white females at ages 45 through 64).

Figure 6.3 also displays some noteworthy differences in the age patterns of suicide victims for the four race-sex groups. Death rates for white males generally increased with age, while those for white females increased through ages 45 to 54 and then decreased. In 1982, the highest rate of suicide for white males was at the extreme high ages, but the peak for white females was the age group 45 to 54. For black females, the peak shifted to younger age groups (25 to 34 and 35 to 44). In contrast to the white male group, the suicide death rate for black males had a maximum at ages 25 to 34, with no clear trend upward or downward; in fact, the suicide rate at ages 15 to 24 was almost the same as at age groups 45 through 64 and 75 to 84.

Changes in age patterns of suicide since 1960 are shown in figures 6.4 and 6.5 for each of the four race-sex groups. To obtain some stability in the patterns, age-specific rates were averaged in each pair of adjacent years, 1960-61, 1970-71, and 1981-82. For white males, the age group 35 to 44 experienced the least change in suicide rates over the 25-year period. Below that age group, the rates increased significantly in the groups 15 through 34. Between 1958 and 1977, the rate almost tripled for persons aged 15 to 24. Above 35 to 44 years, there were notable declines in the age groups 45 through 74. Declines for those aged 75 to 84 and 85 years and over occurred mainly between 1960-61 and 1970-71, after which the rates simply fluctuated from year to year.

For white females, suicide rates increased sizably between 1960-61 and 1970-71 for the five age groups under 65 years and then declined somewhat for all but the youngest age group (15 to 24). The rates for white women in groups aged 65 through 84 and 85 years and over showed little more than year-to-year fluctuation over the entire period from 1958 to 1982.

Due to small numbers, the rates for black males in the age groups 45 to 54 years and above showed primarily year-to-year fluctuation (figure 6.5 and table 6.5). However, fairly distinct increases occurred for the groups 15 to 24, 25 to 34, and 35 to 44 years, especially for the youngest of these.

Similar to white females, suicide rates for black females in age groups under 55 years increased between 1960-61 and 1970-71; a significant decline then occurred for the 15 to 24 and 25 to 34 groups, but only recently. With the increases in rates that occurred for younger groups, the age curve for black females has changed so that it essentially declines with age (except for an increase between 15 to 24 and 25 to 34). This is quite the opposite of the age curve for white males, which tends to increase with age.

Figure 6.6 shows suicide rates for each race-sex group aged 15 to 19 during the period 1958 to 1982. Rates for white males climbed inexorably upward, with a rate for 1982 more than triple that for 1958. The rate for white females also tended to move upward over the entire period. This clearly was not the case for black females, for whom rates peaked in 1971 and then declined significantly. Rates for black males in this age group have shown little more than annual fluctuation since 1971.

Suicide rates for ages 20 to 24 are presented in figure 6.7. In this age group, rates for white and black males actually overlapped until 1973, and there was a wider gap between the male and female rates for both races, as compared with the male and female rates for the 15 to 19 age group. Rates clearly started to decline for black females in 1973 and for white females a few years later. There is also a strong indication that suicide rates are stabilizing or even starting to decline for white and black males in the group 20 to 24 years.

Means of Injury

When cause-of-death information is coded according to the *International Classification of Diseases* (ICD), death certificates yield considerable detail on the means of injury for suicides. Table 6.6 presents means-of-injury data for 1960, 1970, and 1982, using 10 categories (the three-digit "E" codes) that are highly comparable across the three ICD revisions represented. These data show that the use of firearms and explosives is by far the most prevalent means of injury (58.7 percent of all suicides in 1982) and that the proportion of suicides using firearms and explosives has been increasing (explosives actually comprise a minute fraction of this category). Firearms are much more likely to be used in suicides of males (64.2 percent in 1982), but their use among females has been growing at a rapid pace (up from 25.3 percent for females in 1960 to 40.7 percent in 1982).

Figure 6.3

Suicide death rates, by age, race, and sex:
United States, 1982

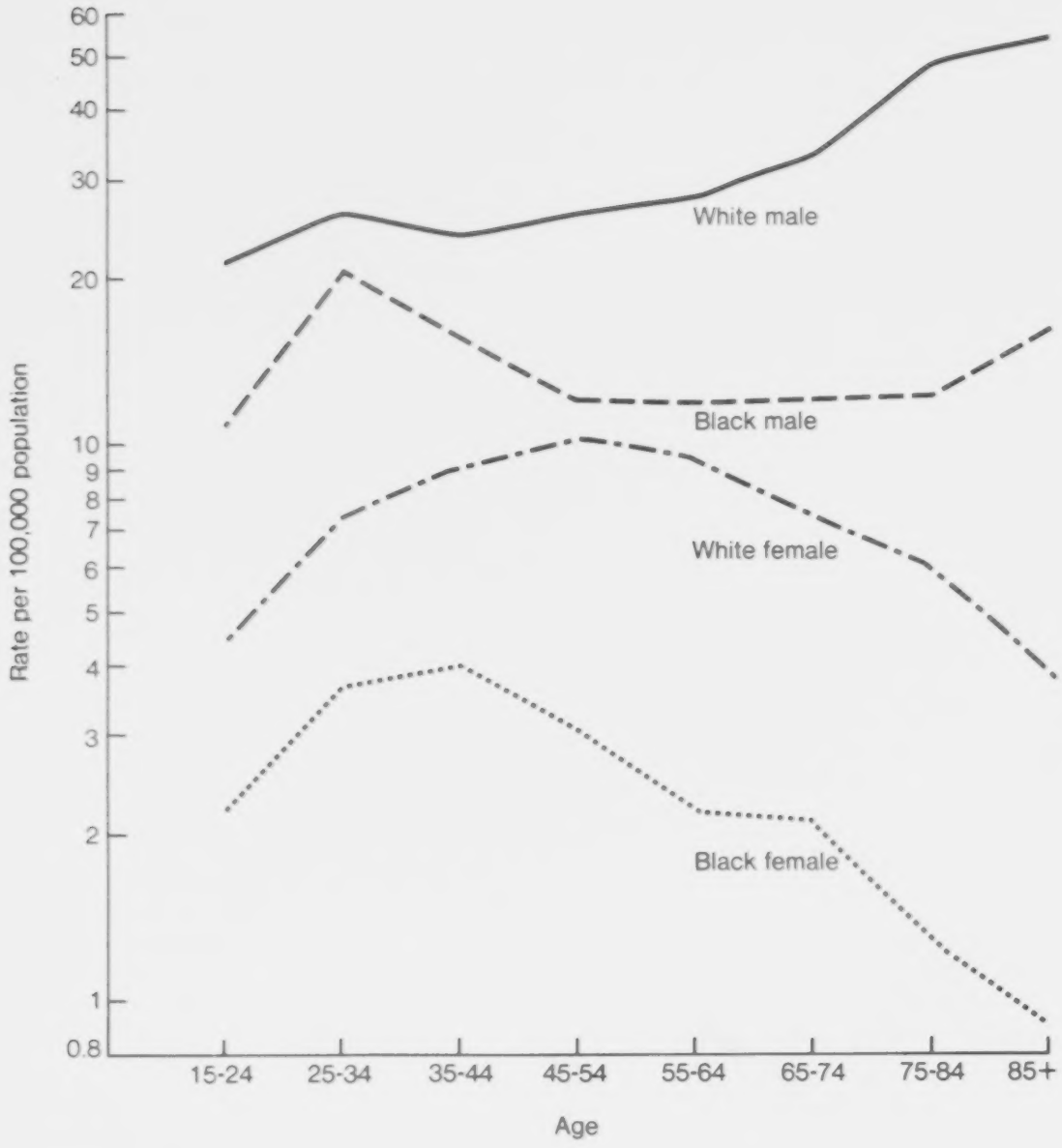


Figure 6.4

Suicide death rates for white persons, by age and sex: United States, 1960-61, 1970-71, 1981-82

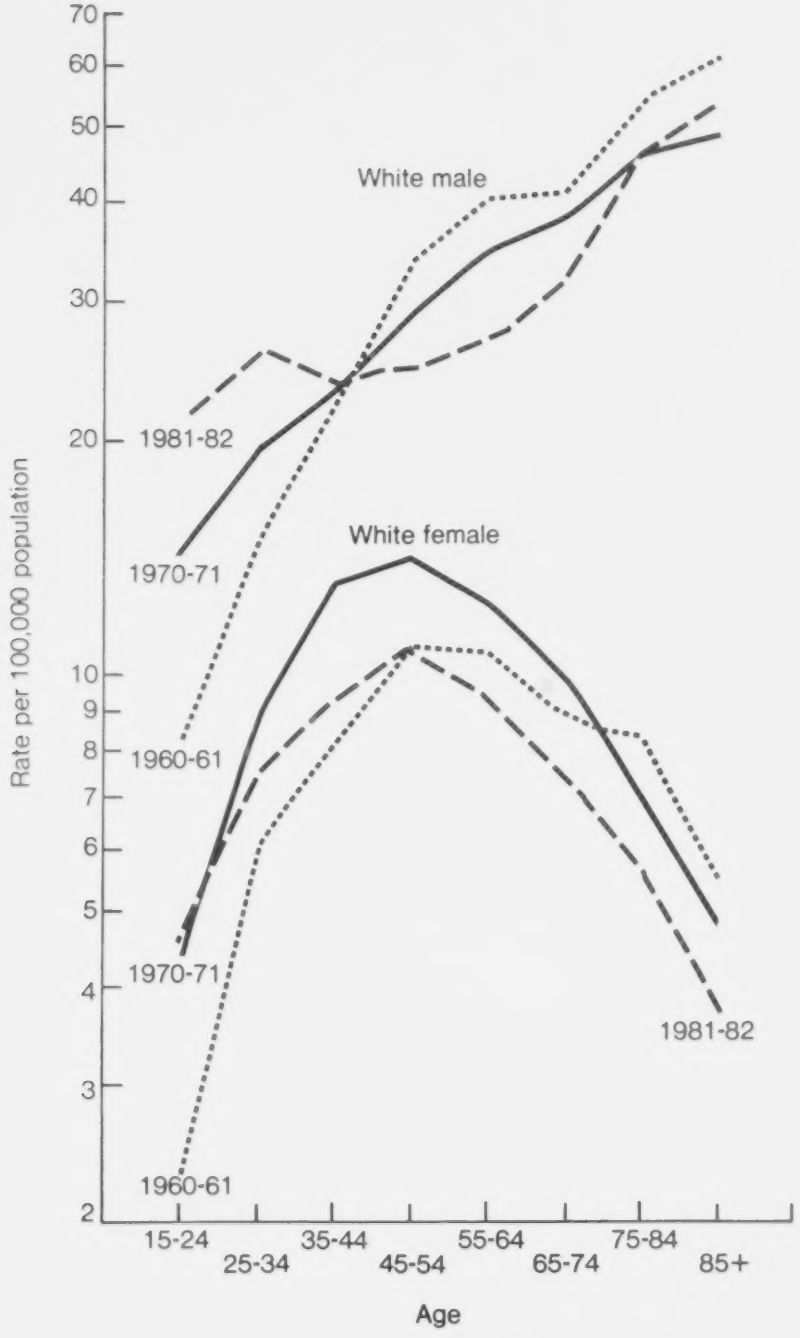


Figure 6.5

**Suicide death rates for black persons, by age and sex
United States, 1960-61, 1970-71, 1981-82**

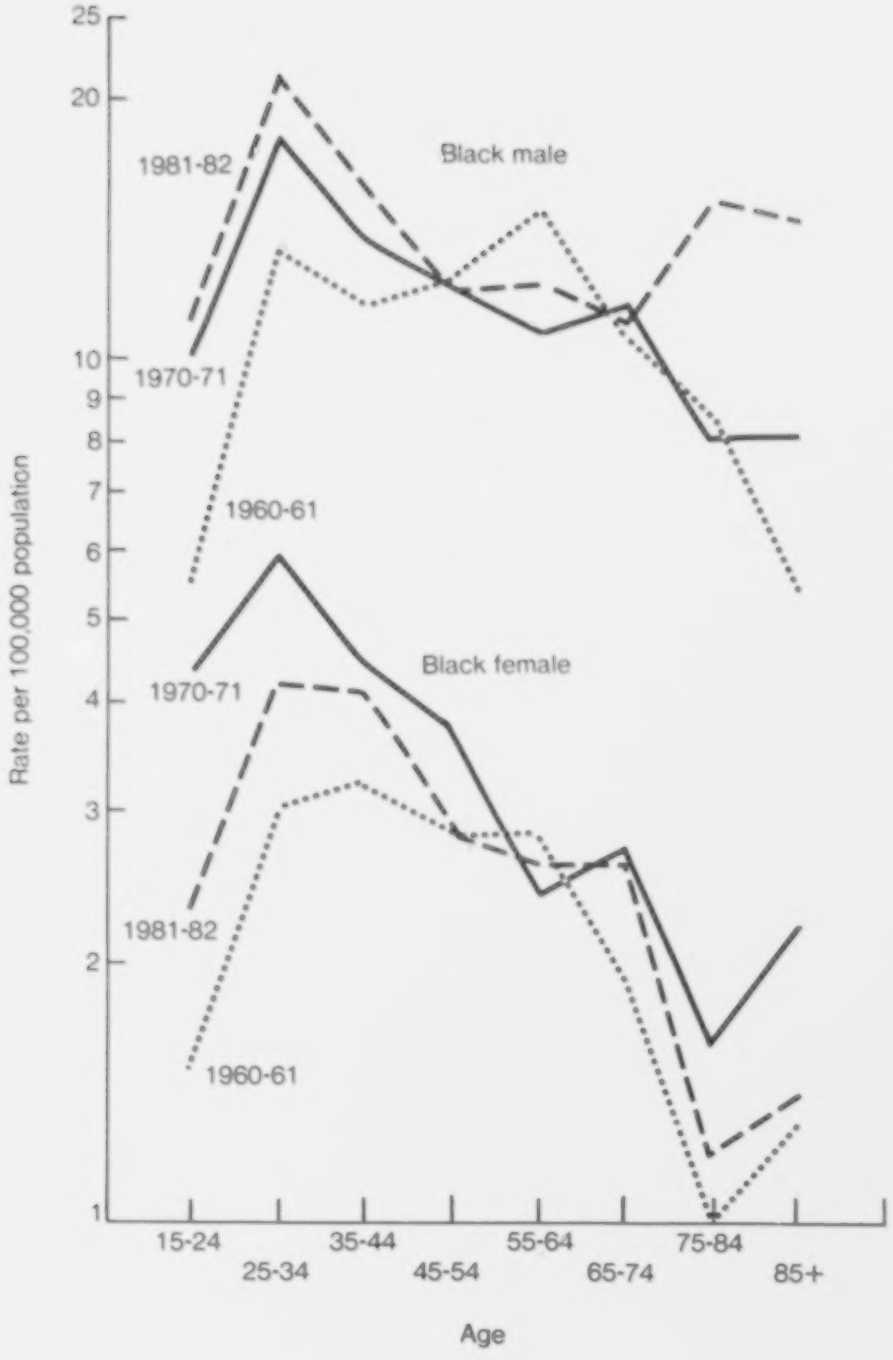


Figure 6.6

Suicide death rates for persons aged 15-19, by race and sex: United States, 1958-82

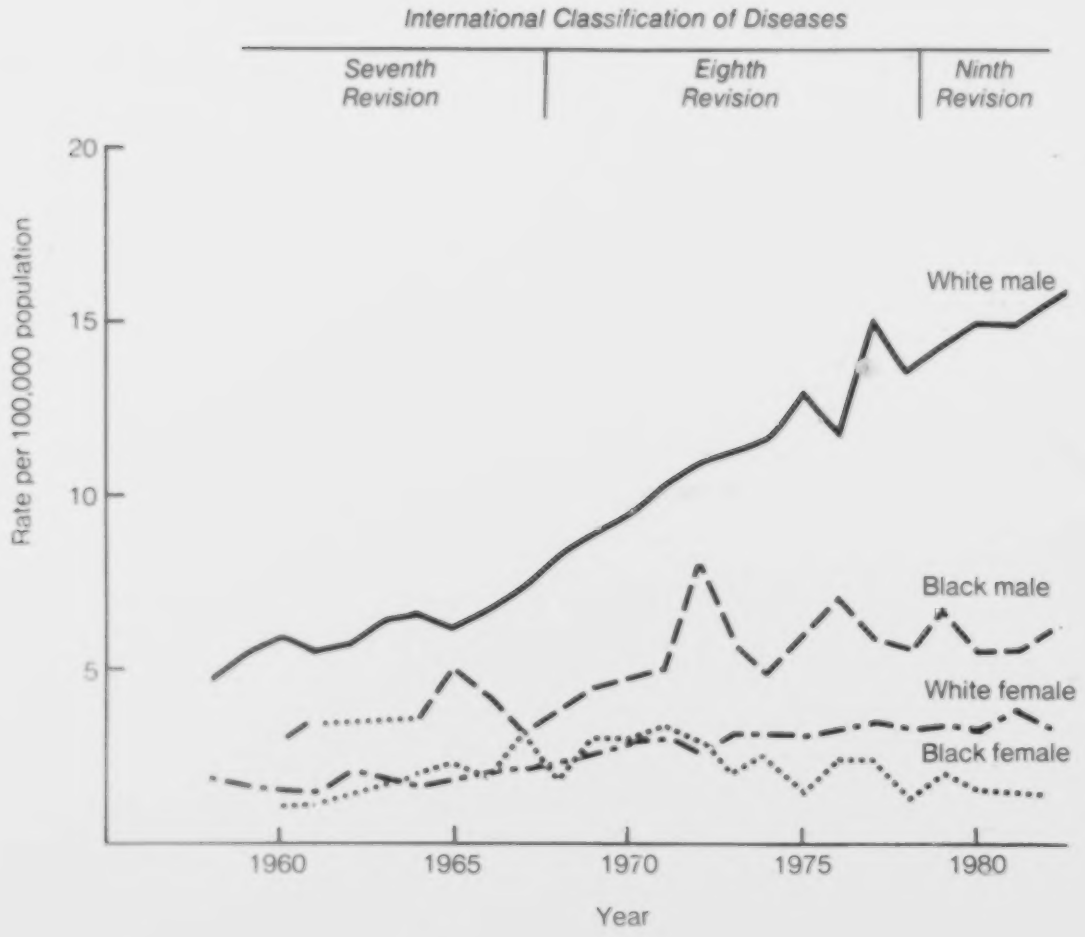
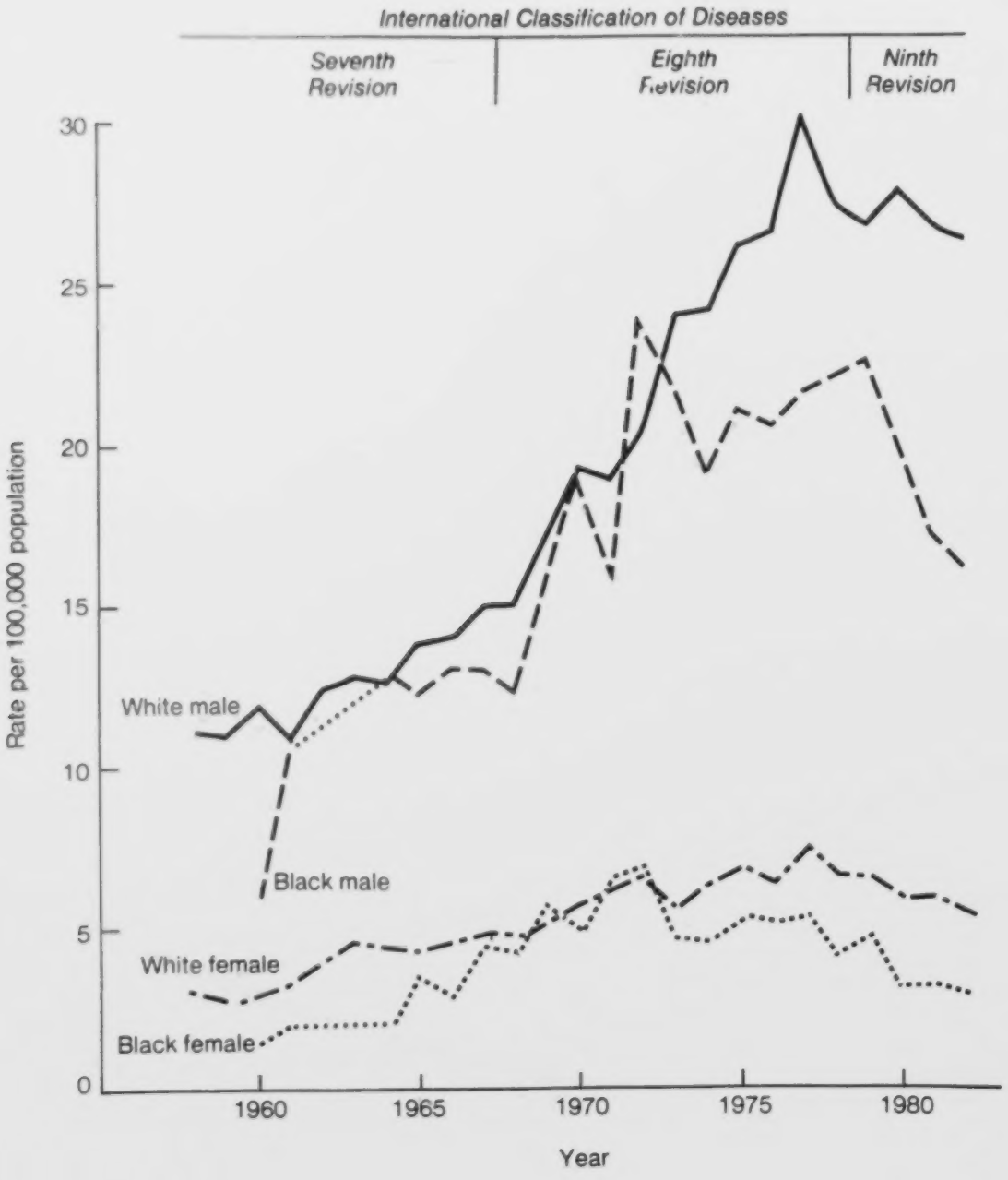


Figure 6.7

Suicide death rates for persons aged 20-24, by race and sex
United States, 1958-82



In both 1960 and 1970, females used poisoning by solid or liquid substances for suicide more than any other means, but by 1982 their use of firearms and explosives far exceeded that of poisoning. Male use of poisoning by solid or liquid substances has been consistently much lower than female use.

In each of the three years, hanging/strangulation/suffocation has been the second most frequent means of injury for suicides of males, and the third most frequent for suicides of females. Indeed, in 1960 almost identical proportions of male and female suicides (17.7 and 17.5 percent, respectively) resorted to this means. For both males and females, the predominant form in this category was hanging.

A fourth widely used means of injury for both males and females has been poisoning by other gases and vapors (principally motor vehicle exhaust). The proportions of males and females using this means have been fairly similar, when compared with the other three categories.

The following comparison of males and females shows the percentage of suicide victims who used one of the four described means-of-injury categories, which combined now encompass the vast majority of suicides:

Year	Male	Female
1960	89.2	79.1
1970	92.6	90.1
1982	93.0	88.6

Summary

This chapter presents a descriptive analysis of trends and differentials in suicide, primarily for the 25-year period from 1958 to 1982. The available evidence from vital statistics indicates that during this time, some noteworthy changes have occurred in suicide rates for males and females, for white and black persons, and for the different age groups. Perhaps most notable was the rapid increase in suicide rates for young adults and teenagers, an increase that was experienced by white and black, male and female. At the same time, there was a decline in suicide rates for older white persons, especially for males 45 years and over. The most recent data indicate that rates have been stabilizing or even declining for several of the young adult subgroups, though these shifts have not all occurred at the same time.

In reviewing these suicide data, it is important to recognize the differences, as well as the similarities, in the trends for the various population subgroups. Not only do the races and sexes have different age-patterns of suicide, but changes in these patterns can occur at different points in time. Knowledge of relevant trends and differentials should serve as a useful guide for efforts to develop theoretical explanations of suicide as well as programs to prevent it.

Table 6.1. Death rates for suicide (total and age-adjusted): United States, 1900-82

Year	Total death rate	Age-adjusted death rate	Year	Total death rate	Age-adjusted death rate	Year	Total death rate	Age-adjusted death rate
1982	12.2	11.6	1954	10.1	9.9	1926	12.6	14.0
1981	12.0	11.5	1953	10.1	9.8	1925	12.0	13.4
1980	11.9	11.4	1952	10.0	9.7	1924	11.9	13.4
1979	12.1	11.7	1951	10.4	10.0	1923	11.5	12.9
1978	12.3	11.9	1950	11.4	11.0	1922	11.7	13.3
1977	13.1	12.8	1949	11.4	11.0	1921	12.4	13.9
1976	12.3	12.1	1948	11.2	10.8	1920	10.2	11.5
1975	12.6	12.5	1947	11.5	11.1	1919	11.5	12.8
1974	12.0	12.1	1946	11.5	11.1	1918	12.3	13.6
1973	11.9	11.9	1945	11.2	10.7	1917	13.0	14.6
1972[a]	11.9	12.1	1944	10.0	9.6	1916	13.7	15.4
1971	11.6	11.8	1943	10.2	10.0	1915	16.2	17.9
1970	11.6	11.8	1942	12.0	11.8	1914	16.1	17.8
1969	11.1	11.3	1941	12.8	12.7	1913	15.4	17.0
1968	10.7	10.9	1940	14.4	14.3	1912	15.6	17.3
1967	10.8	11.1	1939	14.1	14.3	1911	16.0	17.7
1966	10.9	11.1	1938	15.3	15.5	1910	15.3	16.9
1965	11.1	11.4	1937	15.0	15.3	1909	16.0	17.6
1964	10.8	11.0	1936	14.3	14.8	1908	16.8	18.6
1963	11.0	11.2	1935	14.3	14.9	1907	14.5	16.1
1962	10.9	11.0	1934	14.9	15.7	1906	12.8	14.3
1961	10.4	10.5	1933	15.9	17.0	1905	13.5	14.9
1960	10.6	10.6	1932	17.4	18.6	1904	12.2	13.4
1959	10.6	10.5	1931	16.8	18.2	1903	11.3	12.5
1958	10.7	10.5	1930	15.6	17.0	1902	10.3	11.5
1957	9.8	9.6	1929	13.9	15.3	1901	10.4	11.6
1956	10.0	9.7	1928	13.5	15.0	1900	10.2	11.3
1955	10.2	9.9	1927	13.2	14.6			

Sources: (1900-55) National Office of Vital Statistics. Death rates by age, race, and sex, United States, 1900-55. Suicide In: *Vital Statistics—Special Reports*, Vol. 43, No. 30. Public Health Service. DHEW Pub. No. (PHS)[illegible]. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., Aug. 1956.

National Center for Health Statistics, Hyattsville, Md.: the Center. Published and unpublished data as follows:

(1952-60) *Vital Statistics Rates in the United States, 1940-1960*. by Grove, R.D., and Hetzel, A.M. DHEW Pub. No. (PHS) 1677. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1968.

(1970) *Vital Statistics of the United States, 1970, Volume II—Mortality*. DHEW Pub. No. (HRA) 74-1102. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1974.

(1961-69, 1971-79) Unpublished data from the Division of Vital Statistics.

(1980-82) Advance reports of final mortality statistics, 1980, 1981, and 1982. *Monthly Vital Statistics Report*. DHHS Pub. Nos. (PHS) 83-1120, 84-1120, 85-1120. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., Aug. 1983, June 1984, and in press.

Notes: Rates are per 100,000 population, based on deaths assigned to the following category numbers of the indicated revisions of the *International Classification of Diseases*:

Numbers	Year	Revision	Adopted
E950-E959	1968-82	8th/9th	1965/75
E963/E970-E979	1949-67	6th/7th	1948/55
163-164	1939-48	5th	1938
163-173	1930-38	4th	1929
163-174	1921-29	3rd	1920
155-163	1900-20	1st/2nd	1900/1909

For method of age adjustment, see appendix II.

[a] Based on a 50-percent sample of deaths.

Table 6.2. Deaths from suicide, by race and sex: United States, 1958-82

Year	All races			White			Black			Other		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
1982	28,242	21,625	6,617	26,141	19,965	6,176	1,639	1,327	312	462	333	129
1981	27,596	20,809	6,787	25,452	19,166	6,286	1,658	1,315	343	486	328	158
1980	26,869	20,505	6,364	24,829	18,901	5,928	1,607	1,297	310	433	307	126
1979	27,206	20,256	6,950	24,945	18,504	6,441	1,812	1,428	384	449	324	125
1978	27,294	20,188	7,106	25,250	18,619	6,631	1,677	1,309	368	367	260	107
1977	28,681	21,109	7,572	26,579	19,531	7,048	1,673	1,275	398	429	303	126
1976	26,832	19,493	7,339	24,854	17,996	6,858	1,614	1,234	380	364	263	101
1975	27,063	19,622	7,441	25,173	18,206	6,967	1,512	1,165	347	378	251	127
1974	25,683	18,595	7,088	23,923	17,263	6,660	1,442	1,120	322	318	212	106
1973	25,118	18,108	7,010	23,412	16,823	6,589	1,383	1,075	308	323	210	113
1972[1]	25,004	17,768	7,236	23,264	16,476	6,788	1,412	1,058	354	328	234	94
1971	24,092	16,860	7,232	22,577	15,802	6,775	1,220	861	359	295	197	98
1970	23,480	16,629	6,851	22,059	15,591	6,468	1,167	863	304	254	175	79
1969	22,364	15,857	6,507	21,038	14,886	6,152	1,090	804	286	236	167	69
1968	21,372	15,379	5,993	20,212	14,520	5,692	954	722	232	206	137	69
1967	21,325	15,187	6,138	20,116	14,307	5,809	982	712	270	227	168	59
1966	21,281	15,416	5,865	20,100	14,527	5,573	956	731	225	225	158	67
1965	21,507	15,490	6,017	20,342	14,624	5,718	958	732	226	207	134	73
1964	20,588	15,092	5,496	19,545	14,300	5,245	880	669	211	163	123	40
1963	20,825	15,276	5,549	19,168[2]	14,051[2]	5,117[2]	844[2]	653[2]	191[2]	229[2]	176[2]	53[2]
1962	20,207	15,062	5,145	18,677[2]	13,933[2]	4,744[2]	786[2]	592[2]	194[2]	195[2]	146[2]	49[2]
1961	18,999	14,460	4,539	18,012	13,677	4,335	781	622	159	206	161	45
1960	19,041	14,539	4,502	18,121	13,825	4,296	741	584	157	179	130	49
1959	18,633	14,441	4,192	17,719	13,724	3,995	779	605	174	135	112	23
1958	18,519	14,366	4,153	17,684	13,707	3,977	686	543	143	149	116	33

Sources: National Center for Health Statistics. Published and unpublished data from the Division of Vital Statistics, including *Vital Statistics of the United States, Volume II—Mortality*. Specified annual issues. Hyattsville, Md.: the Center.

Notes: Beginning with 1970, data exclude deaths of nonresidents of the United States. Deaths are those assigned to the following category numbers of the indicated revisions of the *International Classification of Diseases*:

Numbers	Years	Revision	Adopted
E950-E959	1968-82	8th/9th	1965-75
E963,E970-E979	1958-67	7th	1955

[1] Based on a 50-percent sample of deaths.

[2] Figures by race exclude data for residents of New Jersey, which did not require reporting of the item for these years.

Table 6.3. Deaths from suicide, by age: United States, 1958-82

Year	All ages	Age (years) 5-14	15-24 Total	15-19	20-24	25-34	35-44	45-54	55-64	65-74	75-84	85 and over
1982	28,242	200	5,025	1,730	3,295	6,316	4,315	3,710	3,741	2,812	1,678	429
1981	27,596	167	5,161	1,770	3,391	6,343	4,207	3,629	3,589	2,574	1,487	417
1980	26,869	142	5,239	1,797	3,442	5,920	3,935	3,623	3,456	2,630	1,477	430
1979	27,206	152	5,246	1,788	3,458	5,857	3,876	3,789	3,568	2,730	1,577	394
1978	27,294	153	5,115	1,686	3,429	5,650	3,853	3,976	3,748	2,812	1,561	410
1977	28,681	190	5,565	1,871	3,694	5,827	3,955	4,417	3,951	2,931	1,472	360
1976	26,832	163	4,747	1,556	3,191	5,064	3,759	4,541	4,005	2,772	1,406	371
1975	27,063	170	4,736	1,594	3,142	5,041	3,950	4,766	3,963	2,729	1,368	339
1974	25,683	188	4,285	1,489	2,796	4,658	3,823	4,657	3,845	2,548	1,368	305
1973	25,118	157	4,098	1,427	2,671	4,237	3,739	4,634	3,921	2,617	1,385	324
1972[1]	25,004	120	3,858	1,384	2,474	4,016	3,816	4,716	4,090	2,638	1,424	320
1971	24,092	141	3,479	1,279	2,200	3,535	3,904	4,664	4,064	2,653	1,361	284
1970	23,480	132	3,128	1,123	2,005	3,516	3,897	4,638	3,984	2,585	1,299	287
1969	22,364	136	2,731	1,045	1,686	3,155	3,847	4,490	3,875	2,478	1,378	267
1968	21,372	118	2,357	916	1,441	2,855	3,809	4,477	3,897	2,311	1,267	274
1967	21,325	121	2,244	836	1,408	2,819	3,961	4,412	3,935	2,315	1,246	267
1966	21,281	116	2,010	765	1,245	2,757	3,812	4,463	3,955	2,494	1,400	267
1965	21,507	104	1,876	685	1,191	2,721	4,064	4,554	4,040	2,525	1,353	262
1964	20,588	92	1,736	652	1,084	2,623	3,806	4,466	3,779	2,519	1,297	262
1963	20,825	104	1,663	617	1,046	2,621	3,924	4,530	3,864	2,534	1,329	246
1962	20,207	103	1,502	556	946	2,509	3,670	4,448	3,820	2,504	1,378	262
1961	18,999	76	1,258	467	791	2,306	3,489	4,232	3,665	2,458	1,267	241
1960	19,041	93	1,239	475	764	2,284	3,416	4,250	3,690	2,524	1,293	242
1959	18,633	86	1,152	433	719	2,255	3,236	3,992	3,733	2,681	1,257	231
1958	18,519	77	1,088	367	721	2,273	3,236	4,115	3,645	2,648	1,209	222

Sources: National Center for Health Statistics. Published and unpublished data from the Division of Vital Statistics, including *Vital Statistics of the United States, Volume II—Mortality*. Specified annual issues. Hyattsville, Md.: the Center.

Notes: Beginning with 1970, data exclude deaths of nonresidents of the United States. Deaths are those assigned to the following category numbers of the indicated revisions of the *International Classification of Diseases*:

Numbers	*Year*	*Revision*	*Adopted*
E950-E959	1968-82	8th/9th	1965/75
E963/E970-E979	1958-67	7th	1955

[1] Based on a 50-percent sample of deaths.

Table 6.4. Age-adjusted death rates for suicide, by race and sex: United States, 1958-82

Year	All races			White			All other					
							Total			Black		
	Total	Male	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
1982	11.6	18.3	5.4	12.4	19.4	5.8	6.4	10.8	2.6	6.2	10.8	2.2
1981	11.5	18.0	5.7	12.2	18.9	6.0	6.8	11.2	3.0	6.4	11.0	2.5
1980	11.4	18.0	5.4	12.1	18.9	5.7	6.7	11.3	2.8	6.4	11.1	2.4
1979	11.7	17.9	5.9	12.2	18.6	6.3	7.7	12.7	3.3	7.3	12.5	2.9
1978	11.9	18.2	6.1	12.5	19.0	6.6	7.2	11.9	3.2	7.0	11.8	2.9
1977	12.8	19.4	6.7	13.5	20.3	7.1	7.6	12.2	3.6	7.1	11.7	3.2
1976	12.1	18.3	6.6	12.7	19.0	7.0	7.4	12.1	3.4	7.1	11.7	3.1
1975	12.5	18.8	6.8	13.2	19.6	7.3	7.4	11.9	3.5	6.9	11.4	2.9
1974	12.1	18.1	6.6	12.7	18.9	7.0	7.1	11.6	3.2	6.7	11.3	2.8
1973	11.9	17.8	6.6	12.5	18.6	7.0	7.1	11.5	3.3	6.6	11.1	2.8
1972[1]	12.1	17.8	6.9	12.6	18.4	7.3	7.4	11.8	3.6	6.9	11.2	3.2
1971	11.8	17.2	7.0	12.4	18.0	7.4	6.7	10.1	3.8	6.2	9.4	3.4
1970	11.8	17.3	6.8	12.4	18.2	7.2	6.5	10.3	3.3	6.1	9.9	2.9
1969	11.3	16.7	6.5	11.9	17.4	6.9	6.3	10.0	3.2	5.8	9.4	2.8
1968	10.9	16.4	6.1	11.5	17.2	6.5	5.7	9.1	2.7	5.2	8.6	2.4
1967	11.1	16.4	6.3	11.6	17.1	6.6	6.1	9.5	3.1	5.5	8.7	2.8
1966	11.1	16.6	6.1	11.7	17.4	6.5	6.1	9.8	2.8	5.5	9.0	2.4
1965	11.4	16.9	6.3	11.9	17.7	6.7	6.1	9.6	3.0	5.6	9.1	2.5
1964	11.0	16.6	5.8	11.6	17.4	6.2	5.6	9.0	2.6	5.2	8.5	2.4
1963[2]	11.2	17.0	6.0	11.9	17.9	6.4	6.0	9.8	2.6	N.A.	N.A.	N.A.
1962[2]	11.0	16.9	5.6	11.7	17.9	6.0	5.6	8.9	2.7	N.A.	N.A.	N.A.
1961	10.5	16.4	5.0	10.9	17.1	5.3	5.6	9.4	2.2	4.9	8.3	1.9
1960	10.6	16.6	5.0	11.1	17.5	5.3	5.4	8.7	2.3	4.7	7.8	1.9
1959	10.5	16.6	4.7	11.0	17.4	4.9	5.5	9.1	2.3	N.A.	N.A.	N.A.
1958	10.5	16.8	4.7	11.1	17.6	5.0	5.1	8.4	2.1	N.A.	N.A.	N.A.

Sources: National Center for Health Statistics. Basic mortality data from *Vital Statistics of the United States, Volume II—Mortality*, for selected years, and other published and unpublished data from the Division of Vital Statistics, including rates shown in table 6.5. Hyattsville, Md.: the Center.

Notes: Beginning with 1970, data exclude deaths of nonresidents of the United States. Rates are per 100,000 population in specified race-sex groups, based on deaths assigned to the following category numbers of the indicated revisions of the *International Classification of Diseases*:

Numbers	*Year*	*Revision*	*Adopted*
E950-E959	1968-82	8th/9th	1965/75
E963/E970-E979	1958-67	7th	1955

For method of age-adjustment, see appendix B.

[1] Based on a 50-percent sample of deaths.

[2] Figures by race exclude data for residents of New Jersey, which did not require reporting of the item for these years.

Table 6.5. Death rates for suicide, by age, race, and sex: United States, 1958-82

Year, race, and sex	All ages	Age (years)										
		5-14	15-24			25-34	35-44	45-54	55-64	65-74	75-84	85 and over
			Total	15-19	20-24							
All races, both sexes[1]												
1982	12.2	0.6	12.1	8.7	15.1	16.0	15.3	16.6	16.9	17.4	20.3	17.6
1981	12.0	0.5	12.3	8.7	15.6	16.3	15.9	16.1	16.4	16.2	18.6	17.7
1980	11.9	0.4	12.3	8.5	16.1	16.0	15.4	15.9	15.9	16.9	19.1	19.2
1979	12.1	0.4	12.4	8.4	16.4	16.3	15.4	16.5	16.6	17.8	20.8	17.9
1978	12.3	0.4	12.1	7.9	16.5	16.2	15.8	17.2	17.8	18.8	21.1	19.6
1977	13.1	0.5	13.3	8.7	18.2	17.2	16.8	18.9	19.0	20.0	20.3	18.1
1976	12.3	0.4	11.5	7.2	16.1	15.5	16.3	19.2	19.6	19.5	19.7	19.6
1975	12.6	0.4	11.7	7.5	16.3	16.1	17.4	20.1	19.8	19.6	19.7	18.6
1974	12.0	0.5	10.8	7.1	14.9	15.5	16.8	19.6	19.5	18.8	20.2	17.9
1973	11.9	0.4	10.5	6.9	14.6	14.7	16.4	19.5	20.2	19.8	20.8	20.2
1972[2]	11.9	0.3	10.1	6.8	13.8	14.6	16.8	19.9	21.3	20.4	21.7	20.8
1971	11.6	0.3	9.3	6.5	12.4	13.7	17.1	19.8	21.4	20.9	21.3	19.1
1970	11.6	0.3	8.8	5.9	12.2	14.1	16.9	20.0	21.4	20.8	21.2	19.0
1969	11.1	0.3	7.9	5.6	10.7	12.9	16.6	19.5	21.1	20.1	22.7	20.4
1968	10.7	0.3	7.1	5.0	9.6	12.0	16.1	19.7	21.5	19.0	21.3	22.1
1967	10.8	0.3	6.9	4.7	9.7	12.3	16.6	19.7	22.2	19.2	21.5	22.5
1966	10.9	0.3	6.4	4.3	9.1	12.3	15.8	20.2	22.7	20.8	24.8	23.7
1965	11.1	0.3	6.2	4.0	8.9	12.2	16.7	20.9	23.7	21.2	24.7	24.2
1964	10.8	0.2	6.0	4.0	8.4	11.8	15.6	20.7	22.6	21.4	24.3	25.2
1963	11.0	0.3	6.0	4.0	8.4	11.8	16.0	21.2	23.5	21.8	25.7	24.5
1962	10.9	0.3	5.7	3.7	8.1	11.3	15.0	21.1	23.7	21.9	27.5	26.7
1961	10.4	0.2	5.1	3.4	7.0	10.3	14.4	20.3	23.1	21.8	26.1	25.0
1960	10.6	0.3	5.2	3.6	7.1	10.0	14.2	20.7	23.7	23.0	27.9	26.0
1959	10.6	0.2	4.9	3.4	6.8	9.9	13.6	19.8	24.3	24.8	27.8	25.7
1958	10.7	0.2	4.8	3.0	7.0	9.8	13.7	20.7	24.1	25.1	27.7	25.8

See notes at end of table.

Table 6.5. Death rates for suicide, by age, race, and sex: United States, 1958-82 (continued)

Year, race, and sex	All ages	Age (years)										
		5-14	15-24			25-34	35-44	45-54	55-64	65-74	75-84	85 and over
			Total	15-19	20-24							
White, male												
1982	20.7	0.9	21.2	15.5	26.4	26.1	23.6	25.8	27.9	33.1	48.5	53.9
1981	20.0	0.8	21.1	14.9	26.8	26.2	24.3	23.9	26.3	30.3	43.8	53.6
1980	19.9	0.7	21.4	15.0	27.8	25.6	23.5	24.2	25.8	32.5	45.5	52.8
1979	19.6	0.6	20.5	14.3	26.8	25.4	22.4	24.0	26.3	33.4	48.0	50.2
1978	19.9	0.7	20.4	13.6	27.4	25.1	22.4	24.8	29.0	35.3	48.1	54.5
1977	21.0	0.9	22.4	15.1	30.2	26.1	24.7	27.4	30.6	37.4	46.2	51.0
1976	19.5	0.7	18.9	11.8	26.5	23.2	23.5	27.7	31.3	36.1	43.8	50.8
1975	19.9	0.8	19.3	12.9	26.3	24.0	24.4	29.7	31.9	36.0	43.2	51.1
1974	19.0	0.8	17.6	11.7	24.2	23.0	23.8	28.3	31.9	34.8	44.7	48.9
1973	18.7	0.7	17.3	11.3	24.0	21.5	22.8	28.4	32.3	36.9	45.3	54.9
1972[2]	18.4	0.5	15.4	11.0	20.4	20.7	22.9	29.7	33.4	38.4	47.2	54.7
1971	17.9	0.5	14.4	10.3	18.9	19.3	23.2	28.6	34.5	37.8	46.6	52.1
1970	18.0	0.5	13.9	9.4	19.3	19.9	23.3	29.5	35.0	38.7	45.5	45.8
1969	17.3	0.5	12.5	8.9	17.0	18.4	22.5	28.8	34.7	36.8	48.0	54.0
1968	17.0	0.5	11.3	8.3	15.1	17.4	23.2	29.0	35.8	35.8	45.5	58.9
1967	16.9	0.5	10.8	7.4	15.0	17.2	23.8	29.4	36.2	34.1	45.1	57.6
1966	17.2	0.5	9.9	6.7	14.1	17.2	22.8	30.3	38.2	38.0	52.4	60.9
1965	17.5	0.5	9.5	6.2	13.8	17.7	23.5	31.1	39.5	38.5	50.8	59.0
1964	17.3	0.5	9.3	6.6	12.7	17.0	22.3	32.1	38.4	38.3	51.6	66.2
1963[3]	17.8	0.5	9.2	6.4	12.8	16.9	23.6	33.2	40.2	39.6	53.4	60.4
1962[3]	17.9	0.5	8.7	5.8	12.5	16.5	22.9	33.5	40.5	40.9	57.7	62.3
1961	17.1	0.4	7.9	5.5	10.9	14.7	22.4	32.8	39.7	39.7	53.5	60.8
1960	17.6	0.5	8.6	5.9	11.9	14.9	21.9	33.7	40.2	42.0	55.7	61.3
1959	17.7	0.5	7.9	5.4	11.0	14.4	21.5	32.8	41.8	45.0	56.6	63.8
1958	18.0	0.4	7.6	4.7	11.2	14.3	22.1	34.0	41.9	45.8	58.3	58.5

See notes at end of table.

Table 6.5. Death rates for suicide, by age, race, and sex: United States, 1958-82 (continued)

Year, race, and sex	Age (years)											
	All ages	5-14	15-24			25-34	35-44	45-54	55-64	65-74	75-84	85 and over
			Total	15-19	20-24							
White, female												
1982	6.1	0.3	4.5	3.4	5.4	7.5	9.2	10.4	9.5	7.4	6.1	3.9
1981	6.2	0.3	4.9	3.8	5.9	7.7	9.5	11.1	9.4	7.3	5.5	3.7
1980	5.9	0.2	4.6	3.3	5.9	7.5	9.1	10.2	9.1	7.0	5.7	5.8
1979	6.5	0.3	4.9	3.4	6.5	7.8	10.1	11.6	9.9	7.8	6.7	5.0
1978	6.7	0.2	4.9	3.3	6.6	8.2	11.0	12.1	10.1	8.4	7.3	5.4
1977	7.2	0.2	5.4	3.5	7.4	9.1	11.2	13.5	10.9	9.4	7.1	4.5
1976	7.1	0.2	4.8	3.3	6.4	8.5	11.1	13.8	11.8	8.9	7.4	6.0
1975	7.3	0.2	4.9	3.1	6.8	8.8	12.6	13.8	11.5	9.4	7.5	4.8
1974	7.0	0.2	4.7	3.2	6.3	8.6	12.1	14.1	10.9	8.5	7.0	4.1
1973	7.0	0.2	4.3	3.2	5.5	8.4	12.2	13.7	11.8	9.0	7.5	4.4
1972[2]	7.3	0.2	4.5	2.7	6.6	9.2	12.6	13.4	13.2	9.2	7.6	5.9
1971	7.3	0.2	4.5	3.0	6.2	8.8	13.0	14.5	12.5	10.2	7.2	3.7
1970	7.1	0.1	4.2	2.9	5.7	9.0	13.0	13.5	12.3	9.6	7.2	5.8
1969	6.8	0.2	3.7	2.6	5.0	8.1	12.7	13.3	11.8	9.6	7.6	4.1
1968	6.4	0.1	3.4	2.2	4.7	7.5	11.5	13.5	11.5	7.9	6.6	4.6
1967	6.5	0.1	3.4	2.2	4.8	7.9	11.5	13.1	12.2	9.6	7.0	5.4
1966	6.3	0.1	3.1	2.1	4.5	7.8	11.3	13.1	11.4	9.5	7.5	4.1
1965	6.6	0.1	2.9	1.8	4.3	7.6	12.0	13.8	12.2	9.8	8.0	6.5
1964	6.1	0.1	2.9	1.7	4.4	7.3	10.9	12.7	10.8	10.1	6.8	4.3
1963[3]	6.3	0.1	3.1	1.9	4.5	7.5	10.9	13.0	11.6	9.3	7.8	5.0
1962[3]	5.9	0.1	2.9	2.0	4.1	7.2	9.5	12.4	11.1	8.6	7.6	7.5
1961	5.3	0.1	2.3	1.6	3.2	6.1	8.3	10.8	10.4	9.0	7.6	4.9
1960	5.3	0.1	2.3	1.6	3.1	5.8	8.1	10.9	10.9	8.8	9.2	6.1
1959	5.0	0.0	2.1	1.6	2.8	5.7	7.5	9.5	10.6	9.8	7.6	3.8
1958	5.1	0.1	2.4	1.8	3.1	5.9	7.1	10.4	10.0	9.6	6.6	6.7

See notes at end of table.

Table 6.5. Death rates for suicide, by age, race, and sex: United States, 1958-82 (continued)

Year, race, and sex	All ages	Age (years)										
		5-14	15-24			25-34	35-44	45-54	55-64	65-74	75-84	85 and over
			Total	15-19	20-24							
Black, male												
1982	10.1	0.8	11.0	6.2	16.0	20.3	15.6	11.8	11.9	12.1	12.2	16.1
1981	10.2	0.2	11.1	5.5	17.1	21.8	15.5	12.3	12.5	9.7	18.0	12.7
1980	10.3	0.3	12.3	5.6	20.0	21.8	15.6	12.0	11.7	11.1	10.5	18.9
1979	11.5	0.2	14.0	6.7	22.5	24.9	16.9	13.8	12.8	13.5	10.5	15.4
1978	10.7	0.3	13.0	5.5	21.9	23.1	16.9	14.5	10.1	11.6	11.7	9.8
1977	10.6	0.3	13.0	6.0	21.6	25.1	14.8	12.1	12.5	10.8	10.6	14.3
1976	10.4	0.3	13.0	7.0	20.6	22.1	16.4	14.0	11.1	13.5	9.6	29.8
1975	9.9	0.1	12.7	6.1	21.1	23.4	16.0	12.4	10.7	11.6	11.7	4.3
1974	9.7	0.4	11.1	6.9	19.1	22.8	16.1	12.7	11.7	13.2	12.9	7.0
1973	9.4	0.3	12.7	5.7	21.9	21.9	13.6	13.4	11.4	11.3	12.3	9.8
1972[2]	9.4	—	14.7	8.1	23.5	20.3	15.0	12.9	11.1	11.1	8.1	5.0
1971	7.8	0.4	9.7	5.0	16.1	16.6	14.6	10.0	10.8	14.3	7.0	7.5
1970	8.0	0.1	10.5	4.7	18.7	19.2	12.6	13.8	10.6	8.7	8.9	8.7
1969	7.6	0.1	9.2	4.4	16.0	16.6	15.8	11.1	9.5	11.2	12.6	5.4
1968	6.9	0.2	7.2	3.8	12.3	15.4	11.8	12.1	11.5	11.7	12.1	2.9
1967	6.9	0.1	7.1	3.1	13.0	16.2	13.9	10.9	10.6	10.5	10.4	5.9
1966	7.1	0.1	7.8	4.3	13.0	17.1	10.7	13.6	12.0	10.3	11.9	18.8
1965	7.3	0.2	8.1	5.1	12.3	13.4	14.4	13.0	12.8	11.4	13.4	10.0
1964	6.7	0.2	7.5	3.6	12.9	14.7	12.3	11.4	11.5	10.9	9.7	3.6
1963	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
1962	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
1961	6.7	0.0	6.8	3.6	10.9	14.1	10.2	13.6	13.2	9.5	10.3	3.7
1960	6.4	0.1	6.1	2.9	5.8	12.4	12.8	10.8	16.2	11.3	6.6	6.9
1959	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
1958	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

See notes at end of table.

Table 6.5. Death rates for suicide, by age, race, and sex: United States, 1958-82 (continued)

Year, race, and sex	Age (years)											
	All ages	5-14	15-24			25-34	35-44	45-54	55-64	65-74	75-84	85 and over
			Total	15-19	20-24							
Black, female												
1982	2.1	0.1	2.2	1.5	2.9	3.7	4.0	3.1	2.2	2.1	1.3	0.9
1981	2.4	0.1	2.4	1.6	3.2	4.6	4.2	2.5	2.9	3.0	1.0	1.8
1980	2.2	0.1	2.3	1.6	3.1	4.1	4.6	2.8	2.3	1.7	1.4	–
1979	2.8	0.1	3.3	2.1	4.6	5.4	4.1	2.9	3.8	2.6	2.5	1.0
1978	2.7	0.2	2.7	1.3	4.1	5.4	4.6	4.2	3.0	2.3	2.5	1.0
1977	3.0	0.2	3.7	2.4	5.3	6.0	4.8	4.0	3.4	1.5	1.7	1.1
1976	2.9	0.3	3.7	2.5	5.1	5.9	4.1	4.0	2.7	3.5	0.9	1.1
1975	2.7	0.1	3.2	1.5	5.2	5.4	4.0	4.0	3.4	3.0	1.2	–
1974	2.5	0.2	3.4	2.5	4.5	5.4	3.8	3.4	3.1	2.0	0.6	1.3
1973	2.5	0.1	3.3	2.1	4.7	5.0	4.5	3.2	3.2	1.6	0.7	1.4
1972[2]	2.9	0.1	4.7	3.0	6.7	5.5	4.7	4.1	3.3	1.0	1.4	–
1971	3.0	0.1	4.8	3.4	6.5	6.0	5.1	3.6	2.8	2.4	1.5	1.5
1970	2.6	0.2	3.8	2.9	4.9	5.7	3.7	3.7	2.0	2.9	1.7	2.8
1969	2.4	0.3	4.1	3.0	5.6	4.8	4.2	3.5	1.6	1.7	1.8	1.7
1968	2.0	0.1	2.9	1.8	4.2	4.0	3.7	3.2	2.4	2.0	1.4	–
1967	2.4	0.1	3.8	3.3	4.4	5.1	4.1	3.2	2.6	2.0	1.4	1.9
1966	2.0	0.2	2.3	1.9	2.9	5.4	2.6	3.3	2.8	2.2	1.0	2.0
1965	2.1	0.1	2.7	2.2	3.5	5.1	3.1	4.2	2.0	0.9	2.0	2.2
1964	2.0	0.0	1.9	1.9	2.0	4.1	4.0	3.3	3.5	2.1	1.0	–
1963	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
1962	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
1961	1.6	0.2	1.6	1.2	2.1	3.0	3.3	2.5	2.6	1.5	0.6	2.6
1960	1.6	0.0	1.3	1.1	1.5	3.0	3.0	3.1	3.0	2.3	1.3	–
1959	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
1958	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.

Sources: National Center for Health Statistics. Basic mortality data from *Vital Statistics of the United States, Volume II—Mortality*, for selected years, and other published and unpublished data from the Division of Vital Statistics, Hyattsville, Md., the Center.

Notes: Beginning with 1970, data exclude deaths of nonresidents of the United States. Rates are per 100,000 population in specified race-sex groups, based on deaths assigned to the following category numbers of the indicated revisions of the *International Classification of Diseases*:

Numbers	Years	Revision	Adopted
E950-E959	1968-82	8th/9th	1965/75
E963, E970-E979	1958-67	7th	1955

[1] Includes races other than white and black.

[2] Based on a 50-percent sample of deaths.

[3] Figures by race exclude data for residents of New Jersey, which did not require reporting of the item for these years.

Table 6.6. Deaths from suicide and percent distribution, by means of injury and sex: United States, 1960, 1970, and 1982

Means of injury	ICD Code	Number			Percent distribution		
		Total	Male	Female	Total	Male	Female
1982—Total suicides	E950-E959	28,242	21,625	6,617	100.0%	100.0%	100.0%
Poisoning by solid or liquid substances	E950	2,943	1,226	1,717	10.4	5.7	25.9
Poisoning by gases in domestic use	E951	24	19	5	0.1	0.1	0.1
Poisoning by other gases and vapors	E952	2,392	1,682	710	8.5	7.8	10.7
Hanging, strangulation, and suffocation	E953	4,061	3,314	747	14.4	15.3	11.3
Submersion (drowning)	E954	530	295	235	1.9	1.4	3.6
Firearms and explosives	E955	16,575	13,884	2,691	58.7	64.2	40.7
Cutting and piercing instruments	E956	409	315	94	1.4	1.5	1.4
Jumping from high places	E957	797	540	257	2.8	2.5	3.9
Other and unspecified means	E958	496	340	156	1.8	1.6	2.4
Late effects of self inflicted injury	E959	15	10	5	0.1	0.0	0.1
1970—Total suicides	E950-E959	23,480	16,629	6,851	100.0%	100.0%	100.0%
Poisoning by solid or liquid substances	E950	4,042	1,527	2,515	17.2	9.2	36.7
Poisoning by gases in domestic use	E951	44	32	12	0.2	0.2	0.2
Poisoning by other gases	E952	2,498	1,740	758	10.6	10.5	11.1
Hanging, strangulation, and suffocation	E953	3,253	2,422	831	13.9	14.6	12.1
Submersion (drowning)	E954	510	276	234	2.2	1.7	3.4
Firearms and explosives	E955	11,772	9,704	2,068	50.1	58.4	30.2
Cutting and piercing instruments	E956	407	305	102	1.7	1.8	1.5
Jumping from high places	E957	551	369	182	2.3	2.2	2.7
Other and unspecified means	E958	397	253	144	1.7	1.5	2.1
Late effects of self inflicted injury	E959	6	1	5	0.0	0.0	0.1
1960—Total suicides	E963,E970-E979	19,041	14,539	4,502	100.0%	100.0%	100.0%
Poisoning by solid or liquid substances	E970-E971	2,357	1,000	1,357	12.4	6.9	30.1
Poisoning by gases in domestic use	E972	186	120	66	1.0	0.8	1.5
Poisoning by other gases	E973	1,787	1,511	276	9.4	10.4	6.1
Hanging and strangulation	E974	3,366	2,576	790	17.7	17.7	17.5
Submersion (drowning)	E975	616	329	287	3.2	2.3	6.4
Firearms and explosives	E976	9,017	7,879	1,138	47.4	54.2	25.3
Cutting and piercing instruments	E977	488	395	93	2.6	2.7	2.1
Jumping from high places	E978	697	469	228	3.7	3.2	5.1
Other and unspecified means	E979	517	253	264	2.7	1.7	5.9
Late effects of self inflicted injury	E963	10	7	3	0.1	0.0	0.1

Sources: National Center for Health Statistics, Hyattsville, Md.; the Center. Published and unpublished data, as follows:
(1960): *Vital Statistics of the United States 1960, Volume II—Mortality*. DHEW. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1963.
(1970): *Vital Statistics of the United States 1970, Volume II—Mortality*. DHEW Pub. No. (HRA) 74-1102. Washington, D.C.: Supt. of Docs., U.S. Govt. Print. Off., 1974.
(1982): Unpublished data from the Division of Vital Statistics.

Notes: Data for 1970 and 1982 exclude deaths of nonresidents of the United States. For 1960, 1970, and 1982, the E numbers after each means of injury are category numbers of the *Seventh* (1955), *Eighth* (1965), and *Ninth* (1975) *Revisions of the International Classification of Diseases*.

Appendix A

Sources and Qualifications of Data—Chapters 2 and 3

Inventory Data

Sources of the Data

The inventory data in chapters 2 and 3 were derived from a series of biennial inventories of specialty mental health organizations in the United States conducted by the Survey and Reports Branch (SRB), Division of Biometry and Epidemiology (DBE), National Institute of Mental Health (NIMH), with the cooperation and assistance of the State mental health agencies.

Prior to 1981-82, three inventories were conducted as follows:

- Inventory of Comprehensive Federally Funded Community Mental Health Centers (CMHCs), which was used to monitor federally funded CMHCs that were funded under the CMHC Act of 1963 and pertinent amendments.
- Inventory of General Hospital Psychiatric Services, which was used for non-Federal and VA general hospitals identified as having separate psychiatric services, and
- Inventory of Mental Health Facilities, which was used for organizations that were not covered in the other two inventories. Organizations included psychiatric hospitals (State, county, and private), Veterans Administration neuropsychiatric hospitals and psychiatric outpatient clinics, psychiatric day/night organizations, and multiservice mental health organizations not elsewhere classified.

Definitions of organization types are contained in this appendix.

A major revision of the inventory program took place in 1981-82. As a result of the 1981 shift in funding of the CMHC program from categorical to block grants, the Inventory of CMHCs was discontinued. Organizations that previously had been classified as CMHCs were reclassified as multiservice mental health organizations, freestanding psychiatric outpatient clinics, or as psychiatric units of non-Federal general hospitals, depending on the types of services they directly operated and controlled. The Inventory of Mental Health Organizations (IMHO), first used in 1981-82, was designed to reflect these changes.

The aggregate organizational data reported in chapters 2 and 3 are derived from information collected by SRB, DBE, NIMH, on forms that were mailed in a complete enumeration of all organizations of the types shown for the years shown. The inventories are typically mailed in January of even-numbered years to obtain information on the previous year. Organizations can report on either a calendar- or fiscal-year basis.

Type of Information Collected

The inventories include questions on types of services provided, for example, inpatient, outpatient, and day treatment; number of inpatient beds; number of inpatient, outpatient, and day treatment additions; average daily and end of year inpatient census; expenditures; and staffing by type of discipline.

Staffing information is collected as of a sample week at the time the inventory is mailed, and types of services and beds are collected as of the end of the calendar year or as of the beginning of the next year. Thus, in tables where numbers of organizations and beds are shown (tables 2.1 and 2.2), data are shown at a point in time, usually January of a particular year. For all other tables, the year refers to either the calendar year or a fiscal year, since organizations are permitted to report on either a calendar- or a fiscal-year basis. The information for all years is adjusted to include estimates for organizations that did not report. Some of the data have been published previously (see attached references for selected titles).

Types of Organizations

Types of organizations included in this report are defined as follows:

An ***outpatient mental health clinic*** is an organization that provides only ambulatory mental health services. The medical responsibility for all patients/clients and/or direction of the mental health program is generally assumed by a psychiatrist.

A ***psychiatric hospital*** (public or private) is a licensed hospital that is primarily concerned with providing inpatient care to mentally ill persons.

A ***residential treatment center for emotionally disturbed children*** (RTC) is an organization that must meet all of the following criteria:

- It is an organization, not licensed as a psychiatric hospital, the primary purpose of which is the provision of individually planned programs of mental health treatment services in conjunction with residential care for its patients/clients.
- It has a clinical program within the organization that is directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who have master's and/or doctorate degrees.
- It serves children and youth primarily under the age of 18.
- The primary reason for the admission of 50 percent or more of the children and youth is mental illness that can be classified by DSM-II/ICDA-8 or DSM-III/ICD-9-CM codes, other than those codes for mental retardation, substance (drug)-related disorders, and alcoholism.

A ***mental health day/night facility*** is a freestanding organization offering primarily day or night partial care.

A ***multiservice mental health organization*** is an organization that provides outpatient care and inpatient/residential treatment care in settings that are under the organization's direct administrative control. If inpatient/residential treatment and/or outpatient care are provided on behalf of the organization by other mental health organization(s) under contract or through affiliation agreement, the organization is not classified as a "multiservice mental health organization," but rather as some other organization type. Administrative control includes financial, staffing, clinical, and programmatic responsibility.

Community mental health centers (CMHCs) may qualify as multiservice mental health organizations. In order to determine this, they are classified according to specified additional criteria as follows:

- A CMHC, whether formerly federally funded or not, that meets the above criteria for a multiservice mental health organization and is not part of a general or a psychiatric hospital, is classified as a multiservice mental health organization.
- A CMHC, whether formerly federally funded or not, that meets the above criteria for a multiservice mental health organization and is under the administration of a general hospital, is classified as a general hospital with a separate psychiatric service.
- A CMHC, whether formerly federally funded or not, that meets the above criteria for a multiservice mental health organization and is part of a psychiatric hospital is classified as a psychiatric hospital.

A ***general hospital with separate psychiatric service(s)*** is a licensed hospital that has established organizationally separate psychiatric units with assigned staff for inpatient care and/or outpatient care and/or day treatment and/or partial hospitalization to provide diagnosis, evaluation, and/or treatment to persons admitted with known or suspected psychiatric diagnoses. If inpatient care is the separate psychiatric service, beds are set up and staffed specifically for psychiatric patients in a separate ward or unit. These beds may be located in a separate building, wing, ward, or floor, or they may be a specific group of beds physically separated from regular or surgical beds.

Qualifications of the Data

As mentioned in a footnote to all tables that are based on the inventories, data for the two most recent years shown (1979-80 and 1981-82) are influenced by factors that affect the comparability of data between these years and earlier years. Since 1979-80 data are not available for VA medical centers, psychiatric services of non-Federal general hospitals, and federally funded CMHCs, data shown for 1979-80 are as of 1980-81 for CMHCs and as of 1977-78 for VA medical centers and non-Federal general hospital psychiatric services. These data substitutions have been made in tables 2.1 through 2.9 and 2.27. The impact of these substitutions on the comparability of the data is not known. However, since these years were close in time, the effect is believed to be small.

The problem of comparability with other years is much more severe with respect to the 1981-82 inventory data. This problem, which affects all aggregate organizational data in chapter 2, was due primarily to the fact that some organizations were reclassified as a result of changes in reporting procedures. In particular, as a result of the 1981 shift in funding of the CMHC

program from categorical to block grants, the category "federally funded CMHC" was dropped from the 1981-82 IMHO. For that inventory, organizations that previously had been classified as federally funded CMHCs were reclassified as multiservice mental health organizations, freestanding psychiatric outpatient clinics, or as psychiatric units of non-Federal general hospitals, depending on the types of services they directly operated and controlled. Thus, as shown in table 2.1, there are no federally funded CMHCs in 1982, as compared with 691 in 1980, while freestanding psychiatric outpatient clinics rose from 1,053 to 1,473, and non-Federal general hospitals with separate psychiatric services rose from 923 to 1,531 in the same time period.

The increase in the number of general hospitals with separate psychiatric services also was due to a more concerted effort to identify these organizations in 1980-81 than in previous years. In prior years, a single form was sent only to those hospitals previously identified as having a separate psychiatric service. However, in 1980-81, a screener form was sent to general hospitals that previously had not been identified as providing a separate psychiatric service to determine if they had such a service.

Since 1981-82 data were not available for VA medical centers and non-Federal general hospitals, 1980-81 were used where possible. For VA medical centers, 1980-81 data were available only on bed and patient movement variables for inpatient services. The effect on the comparability of the data resulting from the substitution of data for the previous year is unknown, but is believed to be small. However, headnotes and footnotes indicate (1) tables that have excluded VA data for all years or (2) tables where data substitutions have been made.

Patient Sample Data

Sources of the Data

The patient data in chapter 2 were derived from a series of sample surveys of specialty mental health organizations in the United States conducted by the SRB, DBE, NIMH, with the cooperation and assistance of the State mental health agencies. Some of the data have been published previously (see attached references for selected titles). Data are included from the following sample surveys:

(1) Admissions to State and County Mental Hospital Inpatient Services, conducted in 1970, 1975, and 1980;

(2) Admissions to Private Psychiatric Hospital Inpatient Services, conducted in 1970, 1975, and 1980;

(3) Admissions to the Inpatient Psychiatric Services of Veterans Administration Medical Centers, conducted in 1981;

(4) Discharges from non-Federal General Hospital Psychiatric Inpatient Units, conducted in 1971, 1975, and 1981.

Although there were specific differences in the sample designs and estimation procedures used for these various surveys, considerable similarities existed in the general procedures used. For each of the above surveys, data from the most recent NIMH inventory (at the time of the survey) were used as the sampling frame, and, where appropriate, as the stratification measures. The State and county mental hospital surveys and the non-Federal general hospital surveys used stratified probability designs selected in two stages; the 1980 private psychiatric hospital survey and the 1981 Veterans Administration medical center survey used one-stage stratified probability designs; the 1970 and 1975 private psychiatric hospital surveys included admissions to all hospitals during a 1 month period. All 10 surveys collected data for a sample month, and annual estimates were derived through the use of ratio adjustment to known universe totals.

The non-Federal general hospital surveys sampled discharges, while the remaining surveys sampled admissions. The admission surveys used a two-part data collection instrument. The first part of the form requested information pertaining to the admission of the patient and was completed either at the time of admission or at the end of the study period. The second part of the form requested data about the treatment of the patient, as well as a discharge summary, if the patient had been discharged. This second part was completed at the end of the study period or at the time of the patient's discharge from the inpatient service, whichever occurred first. The 1970 admission surveys employed a 6-month study period; the remaining admission surveys a 3-month study period.

Reliability of Estimates

Because estimates presented in this report are based on sampling procedures, they are likely to differ from the figures that would have been obtained from a complete enumeration of the universe using the same instruments. Results are subject to both sampling and nonsampling errors. Nonsampling errors include biases due to inaccurate reporting, processing, and measurement,

as well as error due to nonresponse and incomplete reporting. These types of errors cannot be measured, but have been minimized to the extent possible through the procedures used for data collection, editing, and quality control.

The sampling error (standard error) of a statistic is inversely proportional to the square root of the number of observations in the sample. Thus, as the sample size increases, the standard error decreases. The standard error measures the variability that occurs by chance, because only a sample rather than the entire universe is surveyed. The chances are about two out of three that an estimate from the sample differs by less than one standard error from the value that would be obtained from a complete enumeration. The chances are about 95 out of 100 that the difference is less than twice the standard error, and about 99 out of 100 that it is less than three times as large.

In this report, statistical inference is based on the construction of 95 percent confidence intervals for estimates (0.05 level of significance). All statements of comparison in the text relating to differences such as "higher than," "less than," etc., indicate that the differences are statistically significant at the 0.05 level or better. Terms such as "similar to" or "no difference" mean a statistically significant difference does not exist between the estimates being compared. Lack of comment on the difference between any two estimates does not imply that a test was completed with a finding of no statistical significance.

The relative standard error of a subtotal estimate is obtained by dividing the standard error of the estimate by the estimate itself and is expressed as a percent of the estimate. Approximate relative standard errors for aggregate estimates presented in tables 2.10a through 2.20 of the text are shown in figure A.1. These generalized relative standard error curves indicate the magnitude of the relative standard error for estimates of various sizes, and should be interpreted as approximate rather than exact for any specific estimate. Alternatively, the relative standard error (RSE) for a subtotal estimate may be calculated using the following formula, where x is the size of the estimate and a and b are the parameters listed in table I.

$$RSE(x) = \sqrt{a + \frac{b}{x}} \bullet 100$$

The approximate relative standard error for a rate, in which the denominator is the U.S. population or one or more of the age-sex-race subgroups of the U.S. population, is equivalent to the relative standard error of the numerator of the rate, as determined using the appropriate curve or the formula above.

For estimates presented in tables 2.10a through 2.20 of the text, the approximate relative standard error of an estimated percent, RSE(p), expressed in percentage terms, may be determined by use of figure A.2. The relative standard error of the percent is obtained from the appropriate curve and may be interpolated for percentages based on denominators not shown in the figures. Alternatively, relative standard errors for percents, expressed in percentage terms, may be calculated using the following formula, where p is the percentage of interest, x is the base of the percentage, and b is the parameter listed in table I.

$$RSE(p) = \sqrt{\frac{b}{x} \bullet \frac{(100-p)}{p}} \bullet 100$$

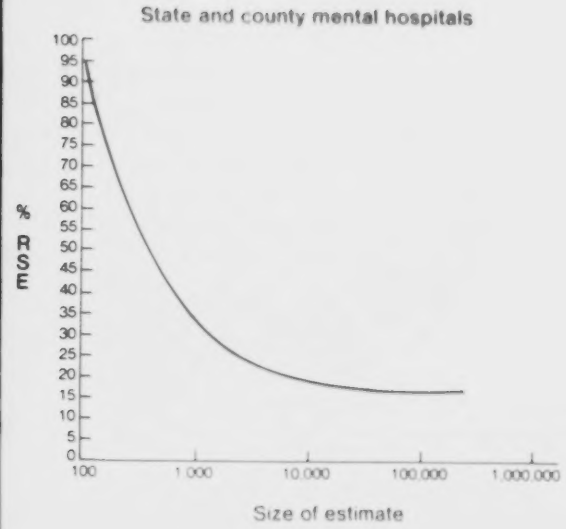
In this report, medians were calculated on ungrouped data using the PROC UNIVARIATE procedure from the Statistical Analysis System (SAS). An approximate method for calculating the standard error of the median when the underlying population is normally distributed is to multiply the standard error of the mean by a factor of 1.2538. For estimated medians in this report, estimates were converted into logs in order to normalize distributions, and standard errors of the mean were calculated. The antilogs were then taken, and the resultant

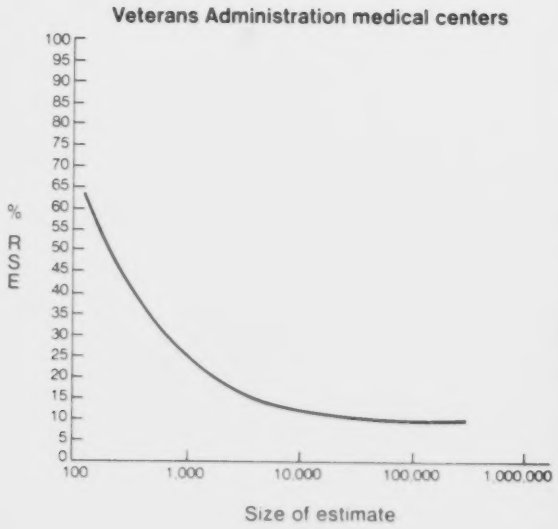
Table I. Parameters for calculating approximate standard errors of estimated subtotals and percentages for the patient sample surveys

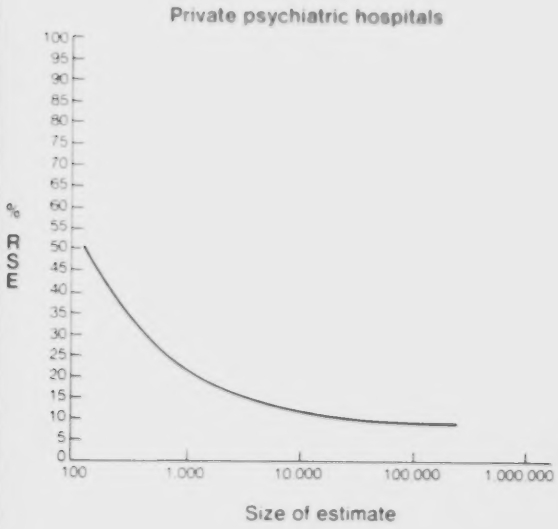
Survey	Parameter	
	a	b
State and county mental hospitals		
1980	.00207	109.98732
1975	.00169	1.05328
1970	.00678	1.12940
Private psychiatric hospitals [1]		
1980	.00026	25.72804
Veterans Administration medical centers		
1981	.00130	39.73691
Non-Federal general hospital psychiatric inpatient units		
1981	.00246	204.00538
1975	.00048	1.42930
1971	.00065	1.60169

[1] Parameters for calculation of standard errors for the 1970 and 1975 private psychiatric hospital surveys are not reported because the first- and second-stage sampling fractions were both equal to 1.

Figure A.1 Relative standard errors for estimated subtotals, 1980







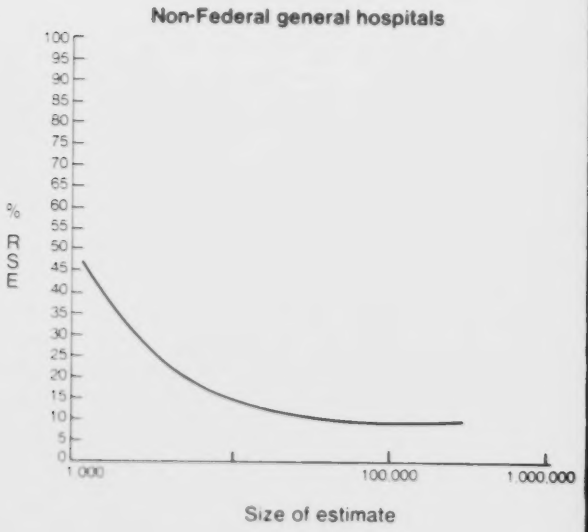
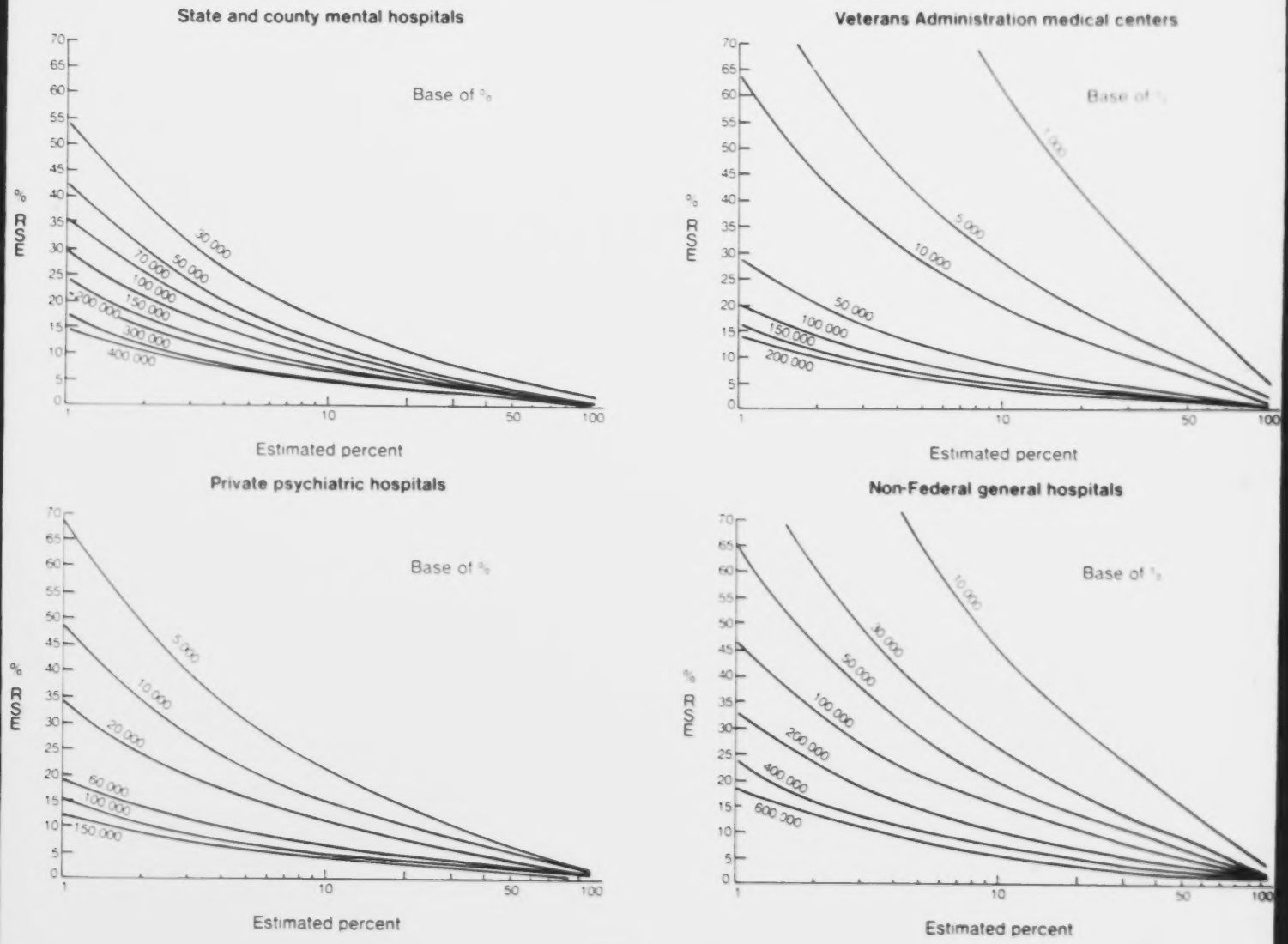


Figure A.2 Relative standard errors for estimated percentages, 1980



standard errors were multiplied by 1.2538 to obtain an approximate standard error for the median.

The standard error of a difference is approximately the square root of the sum of the squares of each standard error considered separately. This formula will represent the actual standard error quite accurately for the difference between separate and uncorrelated characteristics, although it is only a rough approximation in most other cases.

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Appendix B

Sources and Qualifications of Data—Chapter 6

Death Statistics

Except for 1972, data shown in this chapter are based on information from all death certificates from the District of Columbia and from all States as they were admitted to the death registration area. For 1972, data are from a 50-percent sample of deaths. Mortality statistics are based on (1) information coded by the National Center for Health Statistics (NCHS) from copies of the original certificates received from the State registration offices and (2) State-coded data provided to NCHS through the Vital Statistics Cooperative Program.

Data for the United States as a whole refer to events occurring within the United States. Beginning with 1970, mortality statistics exclude deaths of nonresidents of the United States. Deaths among Armed Forces overseas and among U.S. nationals living abroad are excluded for all years.

Cause-of-Death Classification

The mortality statistics presented here were compiled in accordance with the World Health Organization regulations, which specify that member nations classify causes of death by the current *Manual of the International Statistical Classification of Diseases, Injuries, and Causes of Death* (WHO 1977).

Causes of death for 1979 to 1982 were classified according to the *Ninth Revision International Classification of Diseases* (WHO 1977). For earlier years, causes of death were classified according to the revisions then in use, as follows: 1968-78, *Eighth Revision*; and 1958-67, *Seventh Revision*. Changes in classification of causes of death due to these revisions may result in discontinuities in cause-of-death trends. Consequently, cause-of-death comparisons between revisions require consideration of the comparability ratios and where available, estimates of their standard errors. Comparability ratios between the *Eighth* and *Ninth Revisions* and between the *Seventh and Eighth Revisions* may be found in other NCHS reports (NCHS 1975, 1980).

Besides specifying the classification, the World Health Organization regulations outline the form of medical certification and the coding procedures to be used. In general, when more than one cause of death is reported, the cause designated by the certifying physician as the underlying cause of death is the cause tabulated.

Considerable discontinuity was introduced for suicide by the *Eighth Revision*. The comparability ratio for suicide between the *Seventh* and *Eighth Revisions* was 0.9472, implying that about 5 percent fewer deaths were assigned to suicide by the *Eighth Revision*, according to a comparability study. In contrast, the comparability ratios for suicide between the *Eighth* and *Ninth Revisions* was 1.0032, indicating that almost exactly the same deaths were assigned to suicides in the comparability study for these two revisions.

Undercount of Suicides

For the period 1958 to 1982, the number of suicides recorded in official total statistics was 587,821. As large as it is, this number is most certainly below the actual number that occurred. Over the years, efforts to correct the underassignment of deaths to suicide, and the corresponding overassignment of deaths to accidents, have met with some success. Although it is likely that gradual improvement in the correct assignment of deaths to suicide has occurred, by 1982 there still were 3,201 deaths for which medical examiners or coroners were unable to determine whether the injuries resulting in death were accidentally or purposely inflicted (that is, were accidents, suicide, or homicide).

Population Bases for Rates

Suicide death rates shown in this chapter were computed on the bases of population statistics furnished by the U.S. Bureau of the Census. Rates for decennial years (1960, 1970, 1980) are based on the populations enumerated in the censuses of those years as of April 1.

Rates for all other years are based on midyear (July 1) estimates published by the U.S. Bureau of the Census.

Rates for 1961-69 and 1971-79 used in this chapter have been revised, based on revised Census Bureau population estimates that are consistent with decennial census levels. These rates are not comparable with those published in *Vital Statistics of the United States, Volume II—Mortality*, for these intercensal years.

Age-Adjusted Rates

The age-adjusted rates presented in this chapter were computed by the direct method, that is, by applying the age-specific death rates for suicide to the standard population distributed by age. The total population as enumerated in 1940 was selected as the standard. The rates for the total population and for each race-sex group were adjusted separately, by using the same standard population. The age-adjusted rates were based on 10-year age groups. It is important not to compare age-adjusted death rates with crude rates.

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Appendix C

Glossary of Terms

Additions (inpatient). Persons admitted and readmitted to inpatient services as well as those persons returned from long-term leave or transferred from noninpatient (for example, outpatient or day treatment) components of organizations. If a person was admitted more than once during a year, each admission was counted separately.

Additions (outpatient). Persons admitted and readmitted to outpatient or day treatment settings or transferred to one of these settings from another organization or another setting within the same organization during a year.

Additions per 100,000 civilian population. The ratio of additions per 100,000 civilian population measures the proportion of people coming under care during the year. This ratio is an overestimate of the unduplicated number of individuals coming under care because the same person may have been admitted two or more times during the same year. The ratio of the number of inpatients at the end of the year per 100,000 civilian population provides an estimate of the proportion of the population under care at one point in time.

Administrative and maintenance staff. All noninpatient care staff, including administrative and other professional nonhealth staff (for example, business administrators, accountants) as well as clerical and maintenance staff.

Average daily census (ADC). The average daily number of inpatients computed by taking the total annual inpatient days, excluding days for which patients were on overnight or weekend pass or other short-term leave, divided by the number of days in the year.

Average length of stay. The average aggregate number of patient days per patient discharged during a reporting period, counting the date of admission but not the date of discharge.

Beds. Inpatient beds set up and staffed for use at the end of a calendar year.

Civilian population. The civilian U.S. population. Although members of the Armed Forces are excluded, their families are included.

Constant dollars. Dollars adjusted for inflation based on 1969 as the base year. Following is an explanation of how constant dollars are calculated:

> The reciprocal of the medical care component of the Consumer Price Index (CPI) represents the purchasing power of the dollar in a given year relative to that in the base year (1969 = 100). For example, the reciprocal of the medical care component of the CPI in 1979 was 100.0/211.4 or $0.47. Therefore, $1 in 1979 was equivalent to the purchasing power of $0.47 in 1969. If the actual 1979 expenditures ($3.8 billion) for State and county mental hospitals (chapter 2, table 2.27a) is multiplied by $0.47, the result is $1.8 billion in constant dollars (chapter 2, table 2.27b). This means that the $3.8 billion in actual expenditures for 1979 were worth only $1.8 billion in 1969 dollars.

Consumer price index (CPI). The index prepared by the U.S. Bureau of Labor Statistics that measures the changes in average prices of the goods and services purchased by urban wage earners. The medical care component of the CPI shows trends in medical care prices based on specific indicators of hospital, medical, and drug prices.

Day treatment. Provision of a planned therapeutic program during most or all of the day to persons who need broader programs than are possible through outpatient visits, but who do not require 24-hour hospitalization.

Diagnostic Interview Schedule (DIS). A questionnaire developed by Robins and colleagues in 1981 for use by the National Institute of Mental Health to identify a patient's diagnostic status based on criteria in DSM-III (see chapter 1).

Discharges. Includes transfers to noninpatient components and nonpsychiatric wards of non-Federal general hospitals, as well as discharges. Excludes persons discharged by death. If a person is discharged more than once during the year, each discharge is counted separately.

DSM-III. The Diagnostic and Statistical Manual of Mental Disorders as defined and grouped by the American Psychiatric Association.

Expenditures. All expenditures made by specialty mental health organizations to administer and provide services. Includes salaries, other operating expenses, and capital expenditures.

Federally funded community mental health center (CMHC). A legal entity through which comprehensive mental health services are provided to a special geographic area. This mental health delivery system may be implemented by a single organization (with or without subunits) or by a group of affiliated organizations that make available at least the following essential mental health services: inpatient, partial, outpatient, emergency care, and consultation and education. Further, one of the component organizations of the CMHC is the recipient of Federal funds under P.L. 88-164 (construction) and/or P.L. 89-105 (staffing), or amendments thereto.

Freestanding psychiatric day/night organization. An administratively distinct organization that is not part of or affiliated with an inpatient psychiatric organization. It is designed for nonresidential patients who require more than an outpatient visit but who spend only part of a 24-hour period in the organization.

Freestanding psychiatric outpatient organization. An administratively distinct organization that is not part of or affiliated with an inpatient psychiatric organization and whose primary purpose is to provide mental health services in nonresidential settings.

Full-time equivalents (FTEs). The total person hours worked by full-time employees, part-time employees, and trainees in each staff discipline, divided by 40 hours, to indicate the number of persons working a 40-hour week to provide this many person hours.

Full-time staff. Persons (excluding trainees) employed 35 hours or more a week in a particular setting. Schoolteachers are counted as full-time if they are employed 30 hours or more a week.

General hospital with separate psychiatric service(s). A licensed non- Federal general hospital or VA medical center that knowingly and routinely admits patients to one of the following services for the express purpose of diagnosing and treating psychiatric illness:

Separate psychiatric inpatient setting.—A setting in which beds are specifically set up and staffed exclusively for psychiatric patients. These beds may be located in a specific wing, floor, or ward; or they may be a specific group of beds physically separated from (not intermingled with) regular medical or surgical beds.

Separate psychiatric outpatient setting.—A setting in which organized psychiatric services are provided in a separate hospital clinic established exclusively for the care of ambulatory psychiatric patients.

Halfway house. An organization that prepares a previously hospitalized patient for return to home and community environment by providing transitional living quarters and assistance in the activities of daily living.

ICDA. The *International Classification of Diseases, Adapted for Use in the United States,* which classified morbidity and mortality information for statistical purposes. The ICDA was based on the Eighth Revision ICD (ICDA-8); it was officially replaced in the United States by the Ninth Revision ICD, Clinical Modification (ICD-9-CM), published in 1978 by the National Center for Health Statistics.

Inpatient days. Days that persons were physically present for 24 hours in the inpatient service during the year. Excludes days for which patients were on overnight or weekend pass or other short-term leave.

Inpatient episodes. See *patient care episodes.*

Inpatient treatment. Provision of mental health services to persons requiring 24-hour supervision.

Inpatients at end of year. Persons physically present for 24 hours in the inpatient service at the end of the year, or away on short visits (as long as they were expected to return to the inpatient service), or on unauthorized absence, AWOL, or escape.

Length of stay. The number of days between the date of last admission and the discharge date, with persons discharged on the same day counted as having a 1-day stay.

Medicare (Title XVIII). A nationwide health insurance program that provides protection to persons 65 years of age and over, persons eligible for social security disability payments for more than 2 years, and people with end-stage renal disease, regardless of income.

Mental disorder. Any of the diagnoses as listed in the following tables and classified by either the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-II), 1968, and/or (DSM-III), 1980, or by the National Center for Health Statistics in the *Eighth Revision International Classification of Diseases Adapted* (ICDA-8),

1967, and/or *Ninth Revision International Classification of Diseases, Clinical Modification* (ICD-9-CM), 1980.

Chapter 1:

Selected diagnoses	DIS/DSM-III code
Alcohol abuse	305.0
Alcohol dependence	303.9
Drug abuse	305.1–305.9
Drug dependence	304
Schizophrenia	295.1–295.3; 295.6; 295.9
Schizophreniform	295.4
Manic episode	296.4–296.6
Major depressive episode	296.2–296.3
Dysthymia	300.40
Phobia	300.2
Panic	300.01
Obsessive compulsive	300.30
Somatization	300.81
Antisocial personality	301.70

Chapter 2:

Selected diagnoses	Combined DSM-II/ICDA-8 codes	Combined DSM-III/ICD-9-CM codes
Alcohol related	291; 303; 309.13	291; 303; 305.0
Drug related	294.3; 304; 309.14	292; 304; 305.1–305.9; 327; 328
Organic disorders (other than alcoholism and drug)	290; 292; 293; 294; (except 294.3); 309.0; 309.2–309.9	290; 293; 294; 310
Affective disorders	296; 298.0; 300.4	296; 298.0; 300.4; 301.11; 301.13
Schizophrenia	295	295; 299
Other psychoses		297; 298.1–298.9; 299
Anxiety somatoform/ dissociative	300.0–300.3; 300.5–300.9	300.0–300.15; 300.2–300.3; 300.5–300.81; 307.4 (except 307.46); 307.8; 308; 309.81
Personality disorders	301	300.16; 300.19; 301 (except 301.11 and 301.13); 312.3

Mental health day/night organization. *See free-standing psychiatric day/night organization.*

Multiservice mental health organization. An administratively distinct organization that provides inpatient or residential treatment and any combination of outpatient and day treatment, in settings that are under the organization's direct and total control.

Non-Federal general hospital. A short-stay non-Federal hospital providing services in any combination of separate psychiatric inpatient, outpatient, or day/night treatment settings.

Office-based physicians. Doctors of medicine or osteopathy who are licensed to practice medicine in one of the States or territories of the United States and who are classified by the American Medical Association through self-reporting as spending most of their time working in practices based in private offices.

Outpatient psychiatric clinic. An administratively distinct organization whose primary purpose is to provide nonresidential mental health service and in which a psychiatrist assumes medical responsibility for all patients and/or directs the mental health program.

Outpatient treatment. Provision of mental health services on an ambulatory basis to persons who do not require either 24-hour or partial hospitalization.

Part-time staff. Persons (excluding trainees) employed less than 35 hours a week in a particular setting.

Patient care episodes. Episodes are defined as the number of residents in inpatient organizations at the beginning of the year, (or the number of persons on the rolls of noninpatient organizations) plus the total additions to these organizations during the year. Total additions during the year include new admissions and readmissions; it is, therefore, a duplicated count of persons. In counting admissions rather than persons, two types of duplication are introduced. First, the same person may be admitted more than once to a particular organization during the year. In this case, the same person is counted as many times as he is admitted. Second, the same person may be admitted to two or more different organizations during the year. Again, he is counted as an admission for each organization to which he is admitted. Duplication also occurs because episodes are counted independently by type of setting (inpatient, outpatient, day treatment services). A person who is an inpatient in a hospital, released to a day care program, and then followed as an outpatient, for example, would be counted as having three episodes.

Patient care staff. All employees excluding administrative and maintenance employees.

Professional Patient Care Staff.—Includes psychiatrists, nonpsychiatric physicians, psychologists, social workers, registered nurses, and other mental health professionals.

Other health professionals.—Includes dieticians, dentists, dental technicians, and pharmacists.

Other mental health professionals.—Includes occupational therapists, vocational rehabilitation counselors, and other mental health professionals requiring B.A. level training.

Other patient care staff.—Includes licensed practical and vocational nurses; mental health workers with an A.A. degree or higher, but less than a B.A. degree; and mental health workers with less than an A.A. degree.

Patient day of care. One person's attendance in one day's activities of a freestanding or hospital affiliated day treatment setting.

Percent occupancy. The ratio (expressed as a percent) of the average daily census to the number of beds.

Private psychiatric hospital. A hospital operated privately by individuals, partnerships, corporations, or nonprofit organizations, primarily for the care of persons with mental disorders.

Psychiatric hospital. A licensed public (State or county) or private (for-profit/not-for-profit) psychiatric hospital in which the primary concern is to provide inpatient care and treatment to persons with mental disorders.

Residential treatment center for emotionally disturbed children (RTC). A residential organization, not licensed as a psychiatric hospital, whose primary purpose is the provision of individually planned programs of mental health treatment services in conjunction with residential care for children and youth primarily under the age of 18. The program must be directed by a psychiatrist, psychologist, social worker, or psychiatric nurse who has a master's and/or a doctorate degree.

Short-stay hospitals. Hospitals in which the average length of stay is less than 30 days.

Staff hour. A unit of one hour's work by one employee.

State and county mental hospital. A psychiatric hospital that is under the auspices of a State or a county government, or operated jointly by both a State and county government.

Trainee. A person in training, residents and interns included, regardless of the number of hours worked in a week in a particular setting.

Veterans Administration (VA) medical centers. Included are the separate psychiatric services provided in VA general hospitals and in VA hospitals that are primarily oriented toward psychiatric care. Formerly, these two types were identified as VA general hospitals with separate psychiatric services and VA neuropsychiatric hospitals.

Appendix D

Contacts for Further Information

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